

Name
in
Full

Adams Stillborn

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Colonel	Birth-place	Anne Arundel	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	79 Washington St			
Father's Name	Louis Adams			Father's Birthplace	Anne Arundel
Mother's Maiden Name	Margolin McTigue			Mother's Birthplace	Baltimore
Name of person giving information	Louis Adams			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stillborn

8

Immediate

Intrusion

U

Are the name, age, sex, color, date and place correctly given above?

Yes

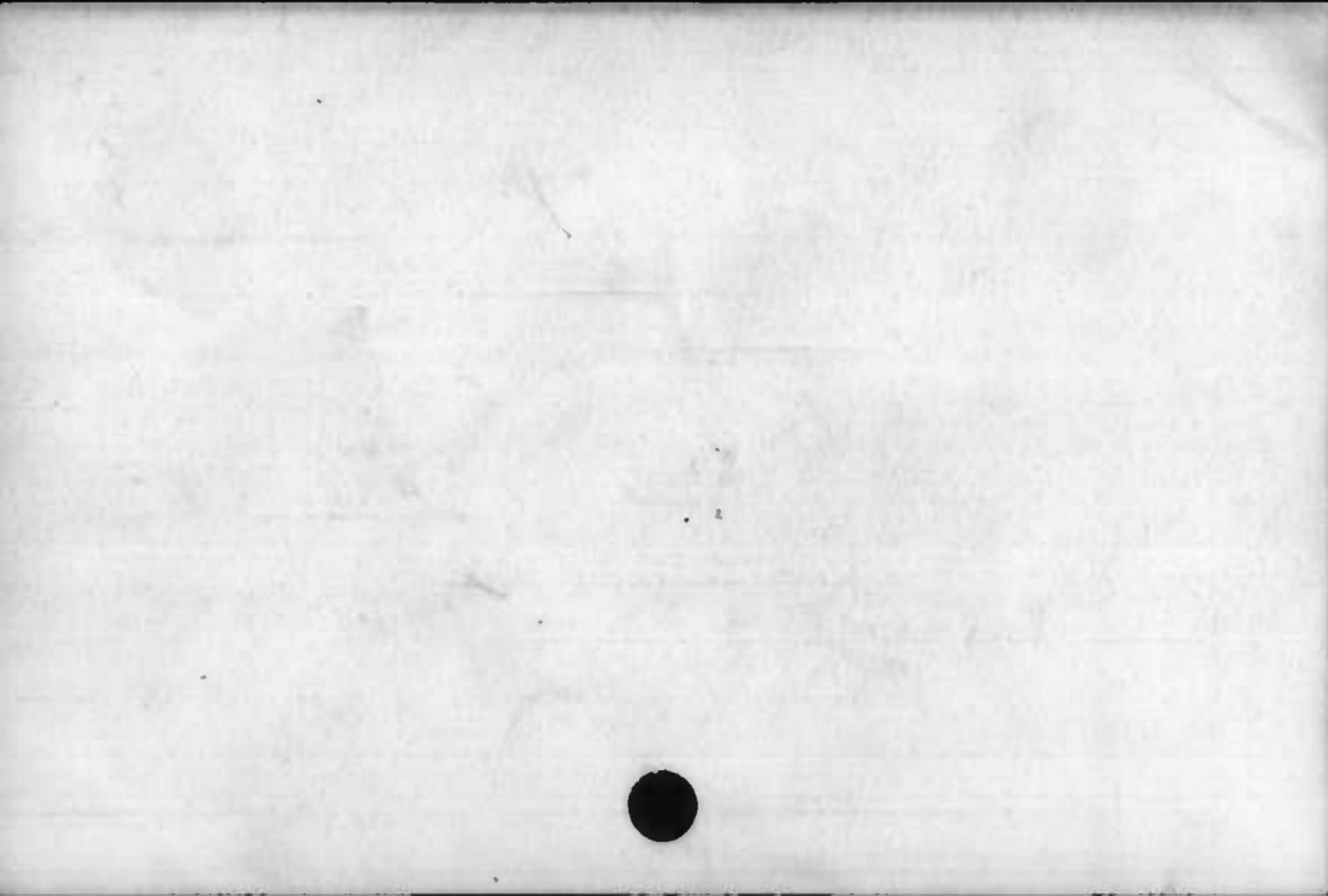
Signature of Physician

Address

R. S. Kipper
65 Cethane St
Annapolis

Accident or Suicide?

No



Name
in
Full

Robert Blackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at	Annapolis		County	Maryland	
Date of death	Month	Day	Age	Years	Months
1909	Nov	19	74		-
Sax	Color or Race	Male.		Colored	Birth- place
Occupation	Labor		Where Residing if not at place of death		South Street
Married, Single or Widowed	Married	Name of Wife or Husband	Sarah Ann Blackson		
Father's Name	Robert Blackson		Father's Birthplace	South River	
Mother's Maiden Name	Margaret Burgess.		Mother's Birthplace	Chesterfield	
Name of person giving Information	Moses Blackson		How related to deceased	Son.	

PHYSICIAN
OR CORONER

Primary

Nephritis

CAUSES OF DEATH

12b

Immediate

Signature of
Physician

Address

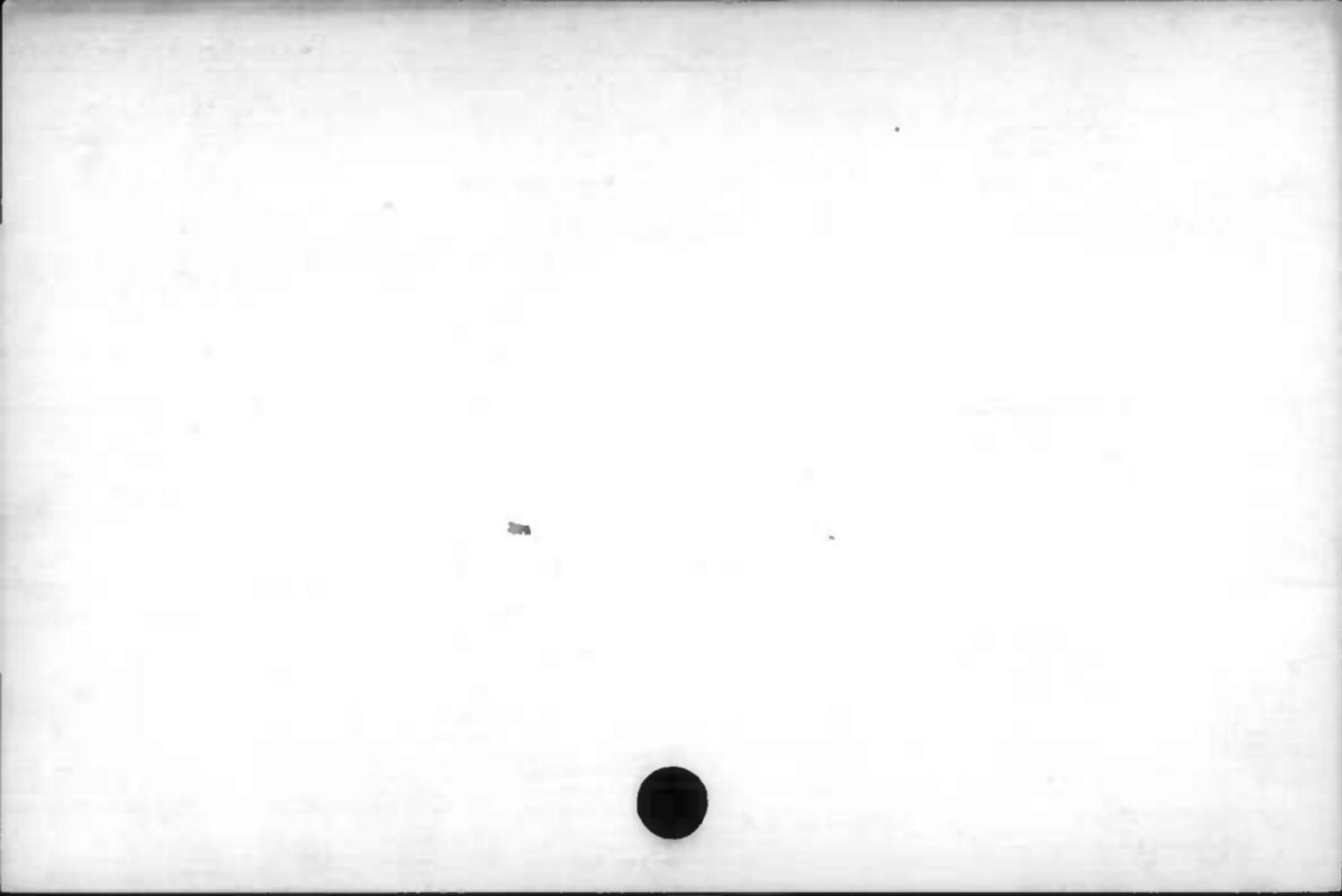
Are the name, age sex, color, date
and place correctly given above?

yes

P. D. Rose
60 Cathedral St.
Annapolis

Accident or Suicide

no



Name
in
Full

William G. Deckerbridge

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County	MARYLAND	
Died at	Ann Arundel	Months	Days
Date of death	Month	Day	Years
1909 Nov.	23	Ag.	50
Sex	Color or Race	Birth-place	
Male	white	Baltimore	
Occupation	Where Residing if not at place of death		
Faborer.	at Home of Corrector		
Married, Single or Widowed	Name of Wife or Husband	Unknown	
Unknown	Unknown	Unknown	
Father's Name	Mother's Name		
Unknown	Unknown		
Mother's Maiden Name	Unknown		
Name of person giving Information	How related to deceased		
John Cole	Not at all.		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

Four days ago in cell.

179

How long

Immediate

Perhaps Cardiac failure

How long

Are the name, age, sex, color, date and place correctly given above?

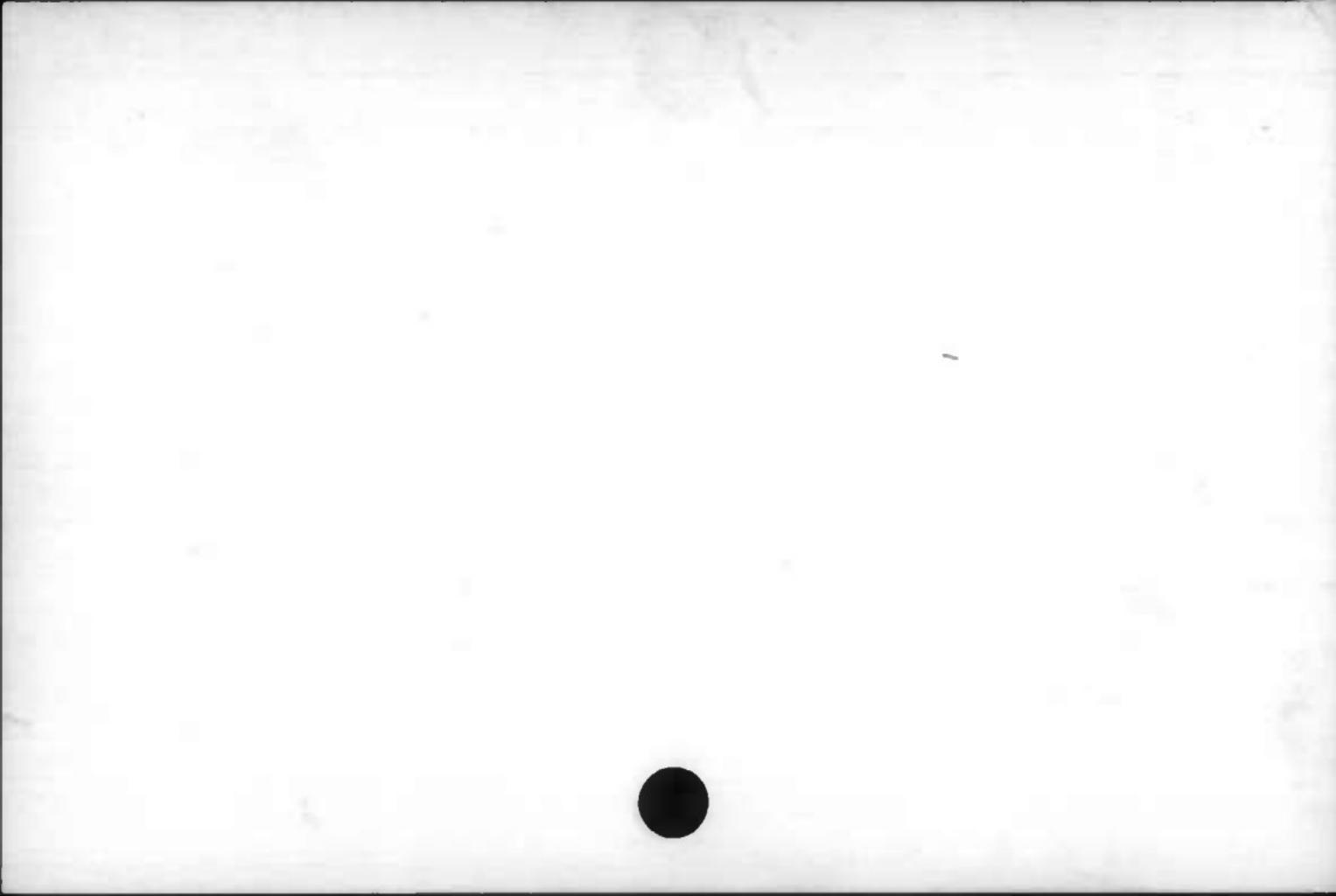
Signature of
Physician

Address

T. P. Deckerbridge
Ann Arundel

Accident or Suicide

No



Name
in
Full

Mary Elizabeth Brent

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	A	County	MARYLAND		
Died at	Bunkerstone	A A	Months	Days	
Date of death	1909	Month Nov	Day 7	Age 3	Years
Sex	Female	Color or Race	Colored	Birth-place	Laurel, Md
Occupation	House	Where Residing if not at place of death Bunkerstone			
Married, Single or Widowed	Single	Name of Wife or Husband	Moses Brent		
Father's Name	Moses Brent				
Mother's Maiden Name	Mary E Timney				
Name of person giving Information	Moses Brent				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

Immediate

Respiratory Failure

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

MacLean Cawood MD
West River, Md

Accident or Suicide

Neither

93

How long

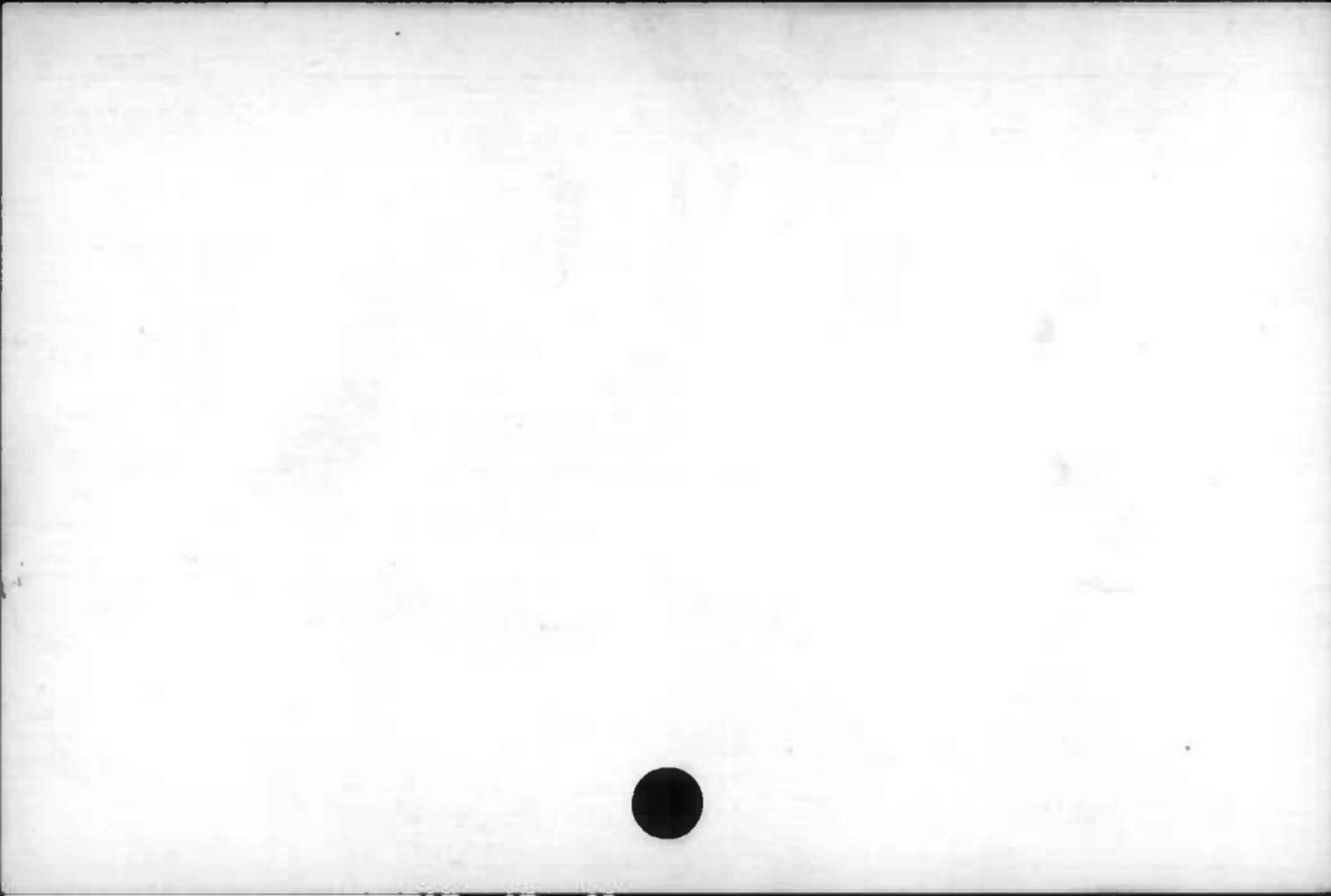
6 days

2 days

2 days

2 days

2 days



Name
in
Full

Melissa McCullough Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	Anne Arundel			County	Anne Arundel		
Died at	Annapolis	Month	Day	Years	Month	Days	MARYLAND
Date of death	1909	November	3 rd	Age	63	5 th	10
Sex	Female	Color or Race	White	Birth-place	Annapolis		
Occupation	None -	Where Residing if not at place of death			Annapolis Maryland		
Married, Single or Widowed	Widow	Name of Wife or Husband			James H Brown.		
Father's Name	Passmore McCullough			Father's Birthplace	Cecil Co. Md.		
Mother's Maiden Name	Matilda Allen			Mother's Birthplace	Anne Arundel Co.		
Name of person giving information	Matilda McC. Brashears			How related to deceased	Daughter.		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary
Facial Erysipelas
Immediate Asthma

Are the name, age, sex, color, date and place correctly given above?

Yes
No.

Signature of Physician

Address

Geo. Wells,
Annapolis,
Md.

Accident or Suicide

18

How long

Six days.

How long

Two days.

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

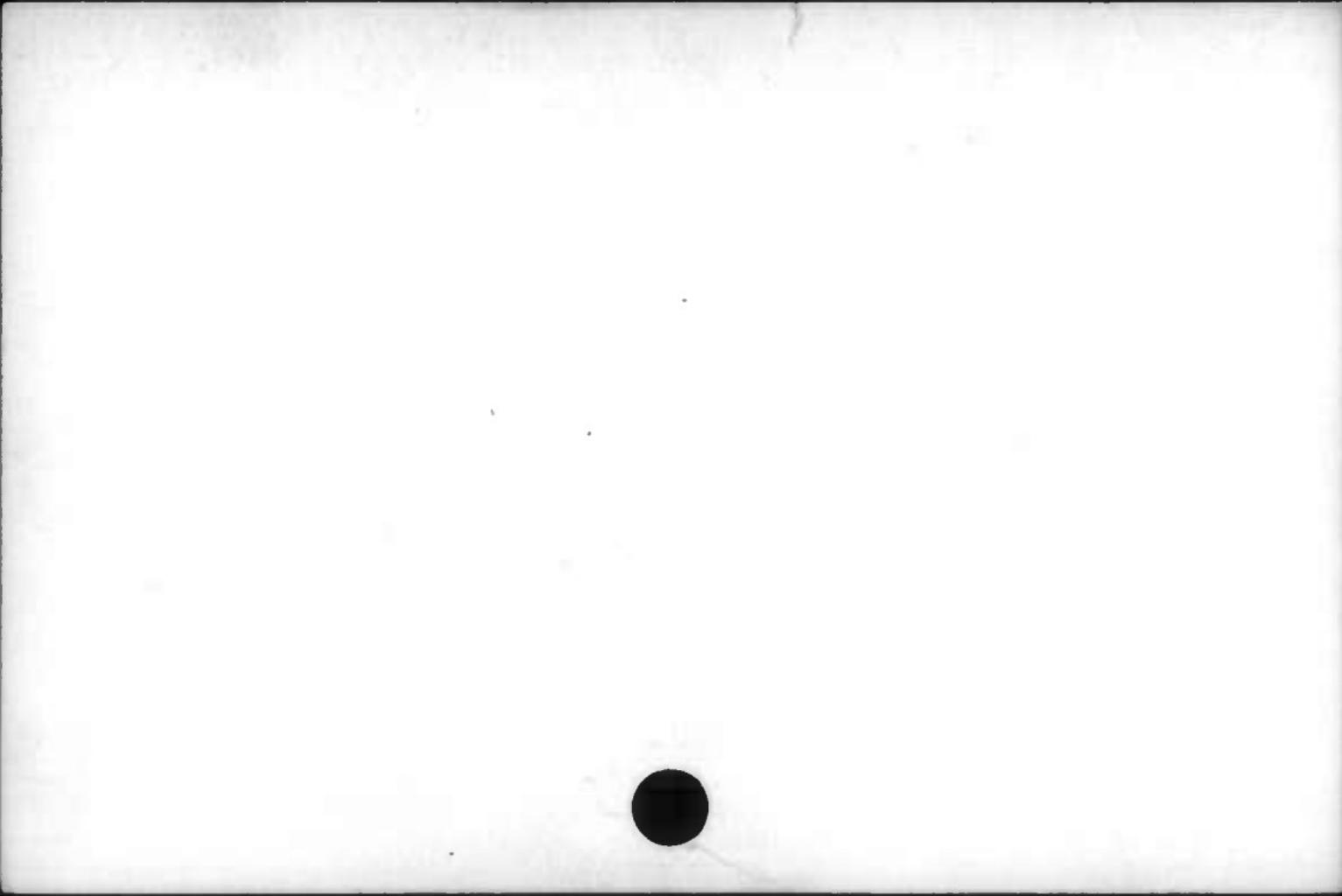
✓

✓

✓

✓

✓



Name
in
Full

Annie Cermak

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909	Nov	15	Age	5	21
Sex	Female	Color or Race	white	Birth-place	So. Balto. Md
Occupation			Where Residing if not at place of death	—	
Married, Single or Widowed	—		Name of Wife or Husband	—	
Father's Name	Frank Cermak		Father's Birthplace	Europe	
Mother's Maiden Name	Frances Zapatosky		Mother's Birthplace	Europe	
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Enteritis

105 ✓

How long

2 weeks

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

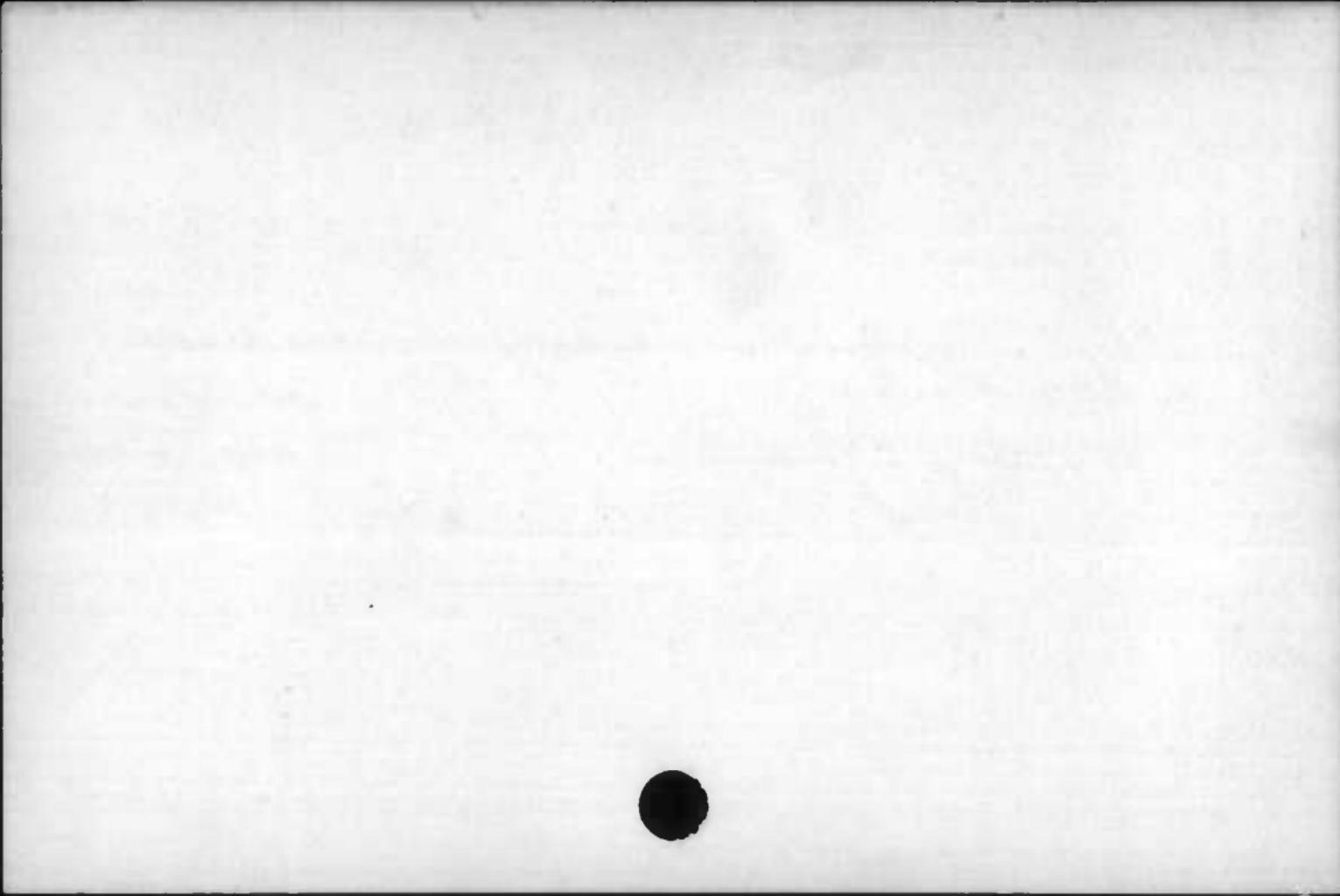
Signature of Physician

Thos. B. Horton M.D.

Address

So. Balto. Md

Accident or Suicide?



Name
in
Full

Pearl Chambers

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	South River	County	a a	MARYLAND					
Date of death	Month	Nov	Day	19	Years	1	Month	—	Days	—
Sex	Femal	Color or Race	Color	Birth-place	a a to tid					
Occupation	Where Residing if not at place of death					South River				
Married, Single or Widowed	—	Name of Wife or Husband	Mary Chambers							
Father's Name	Wentward					Father's Birthplace	Wentward			
Mother's Maiden Name	Mary Chambers					Mother's Birthplace	a a to tid			
Name of person giving Information	Joseph Turner					How related to deceased	none			

CAUSES OF DEATH

Primary

Typhoid fever

How long

2 weeks

Immediate

Exsanguination

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

John Collinson

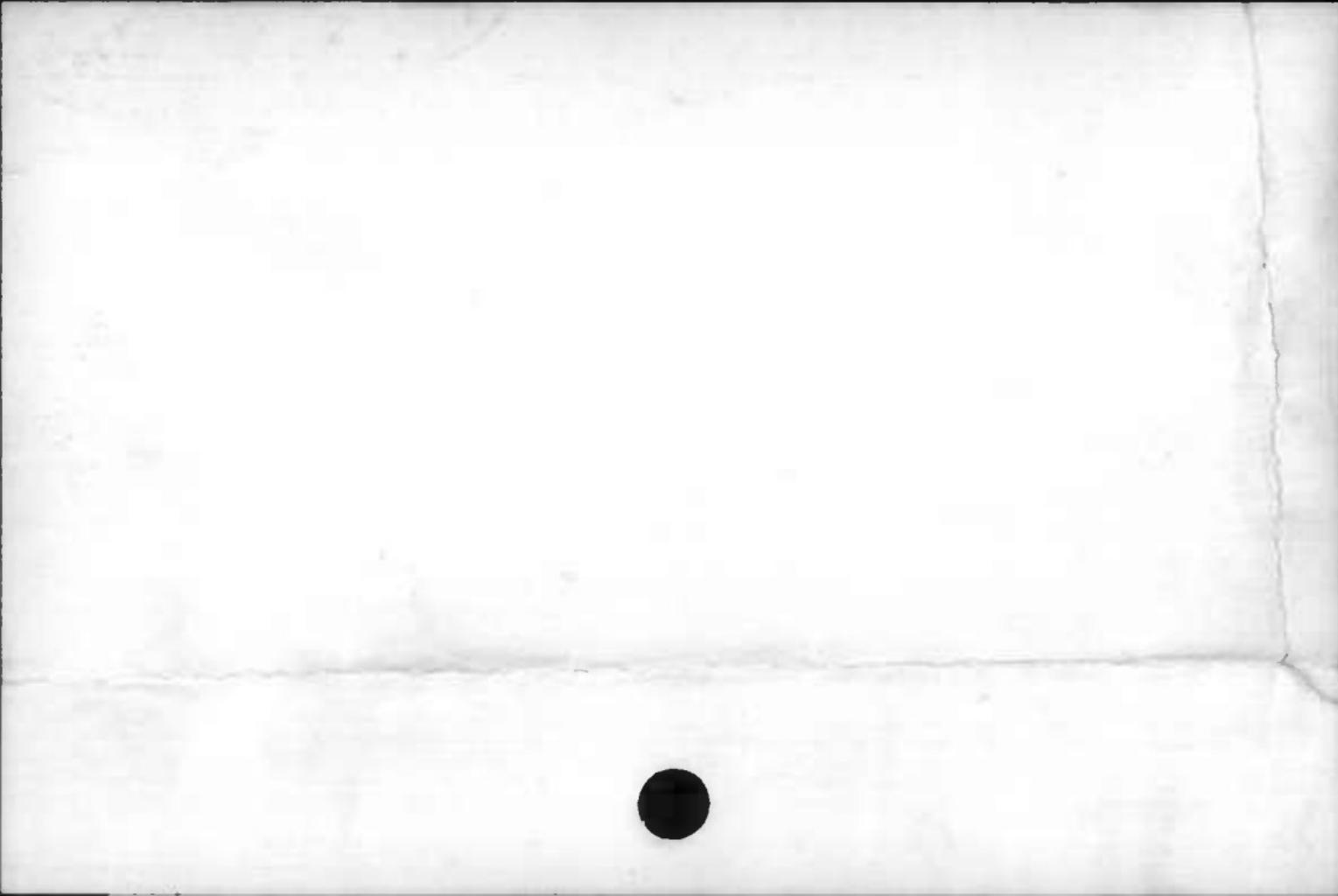
South River

Md

Accident or Suicide

Murder

PHYSICIAN
OR CORONER



Name
in
Full

Emily Rebecca Sappington Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Sappington Station Town Arundel County
Date of death 1909 Month Nov. Day 14 Years 77 Months 1 Days 1

Sex Female Color or Race White
Occupation Housekeeper

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband

Father's Name

Augustin Clark

Father's Birthplace

Mother's Maiden Name

Lydia Sappington

Mother's Birthplace

Name of person giving
Information

Annie Bell

How related
to deceased

Primary

Chronic Bronchitis with
Complications of Heart & Stomach

How long

Several years

Immediate

Excessive weakness

How long

48 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Sam H. Anderson M.D.
Woodwardville M.D.PHYSICIAN
OR CORONER

Accident or Suicide

Name
in
Full

Biofa Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Annapolis

County

Anne Arundel

MARYLAND

Date of death

Month

Day

Year

Months

Days

1909

Nov

24

Age

7

Sex

Color or
Race

Bimale

Colored

Birth-
place

Annapolis Md

Occupation

Where Reiding if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Samuel Clark

Father's
Birthplace

Ballo Md

Mother's
Maiden Name

Maggie Richardson

Mother's
Birthplace

Annapolis Md

Name of person giving
Information

Samuel Clark

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

93

How long

7 days

Immediate

Convulsions

7 days

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

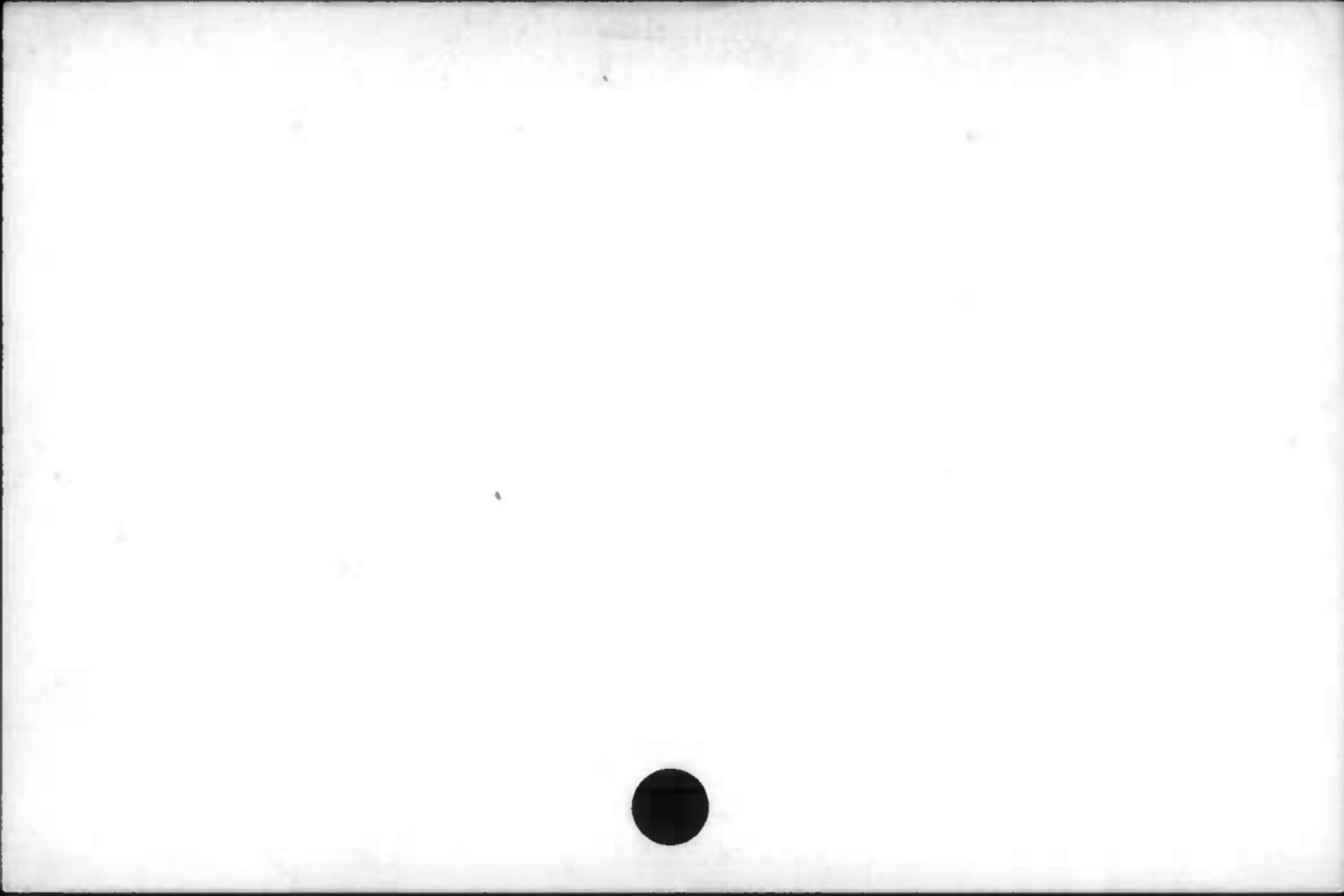
Address

R. D. Green,
65 Cathedral St.,
Annapolis Md.

PHYSICIAN
OR CORONER

Accident or Suicide

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<h1>Mariah Cook</h1>					CERTIFICATE OF DEATH
Died at	Town	County	Anne Arundel MARYLAND		
Date of death	Month	Day	Years	Months	Days
1909 Nov	21	71	Does not know, about 60 yrs		
Sex	Color or Race	Female Colored			
Occupation	Domestic				
Married, Single or Widowed	Where Residing if not at place of death				
Single	King George St.				
Father's Name	James Cook				
Mother's Maiden Name	Perilla Cook -				
Name of person giving Information	Mary A. Stepney				

CAUSES OF DEATH

93

How long

5 days.

How long

few hours.

Primary

Pneumonitis (Acute)

Immediate

Cardiac Exhaustion

Are the name, age, sex, color, date and place correctly given above?

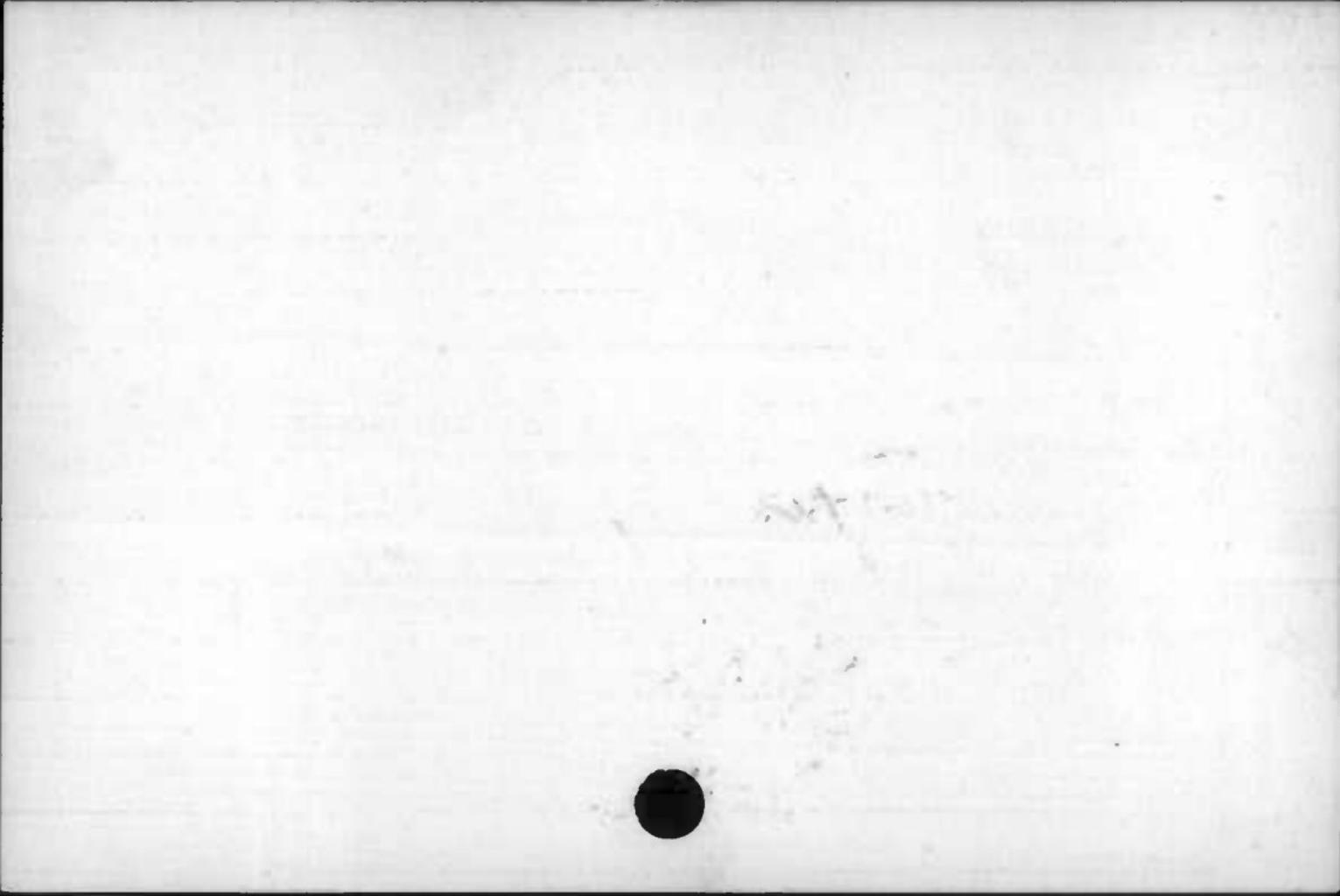
Yes.

Signature of Physician

F. H. Thompson, M.D.

Address

Accident or Suicide?



Name
in
Full

Joseph Horsey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Coloud	Birth-place	Jessup
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Susan Horsey	Father's Birthplace	Gulford
Father's Name	hot Brown				
Mother's Maiden Name	"				
Name of person giving information	J H Lankamp				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberclous

How long

4 weeks

Immediate

Exhustion

How long

12 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

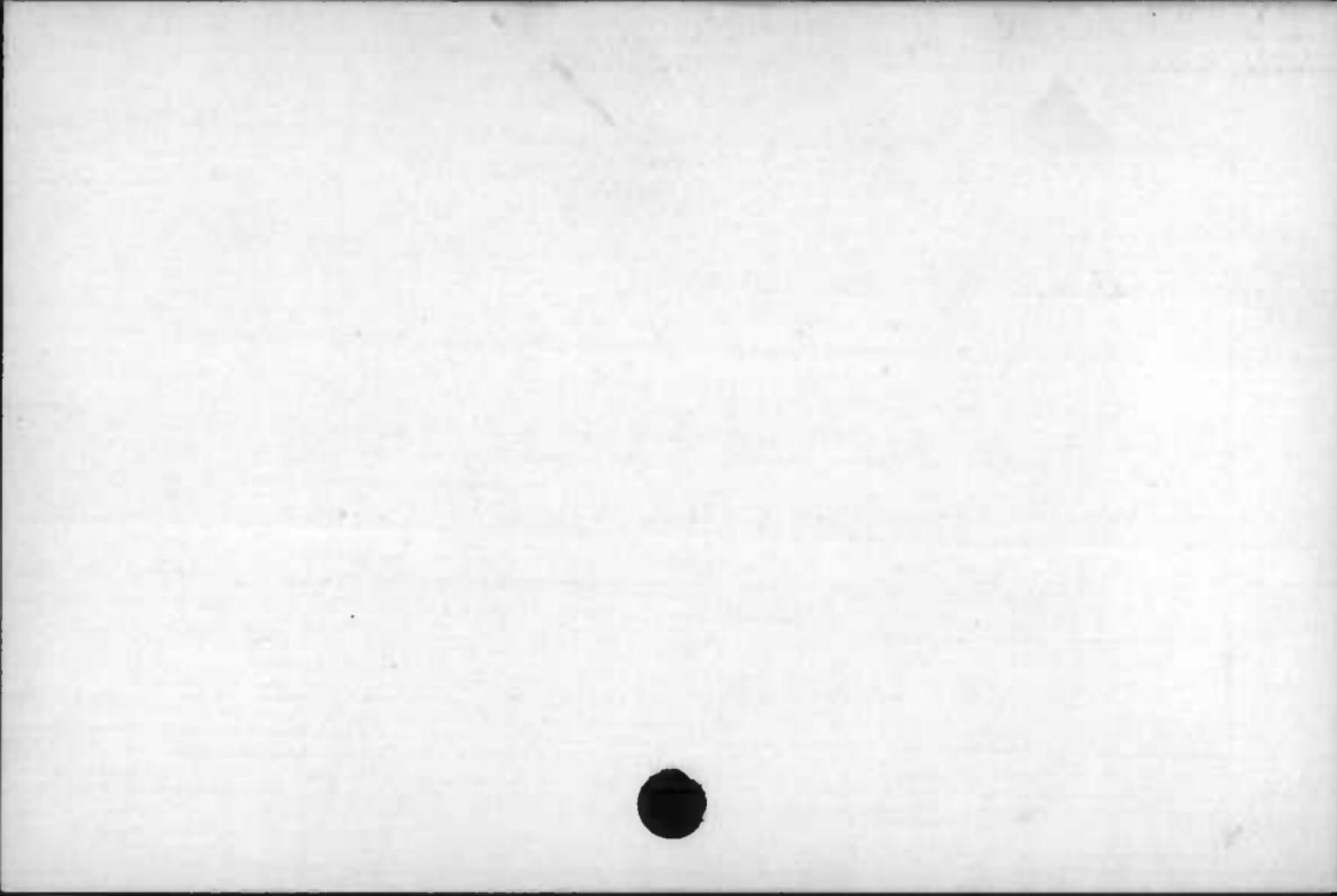
Signature of Physician

Address

R. A. Hammond

Jessup Md

Accident or Suicide?



Name
in
Full

Ethel Easton

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Date of death	Month	Years	Months
of 190	Nov.	12	Days
Sex	Female	Color or Race	Birth-place
Occupation	House girl	Where Residing if not at place of death	Lothian
Married, Single or Widowed	Single	Name of Wife or Husband	
Father's Name	Washington Easton	Father's Birthplace	Calvert Co.
Mother's Maiden Name	Mary Thomas	Mother's Birthplace	A. A. Co.
Name of person giving Information	Washington Easton	How related to deceased	Father

CAUSES OF DEATH

Primary

Not Known

99

How long

✓

Immediate

Abscess of Lung

How long

21 days

Are the name, age, sex, color, date and place correctly given above?

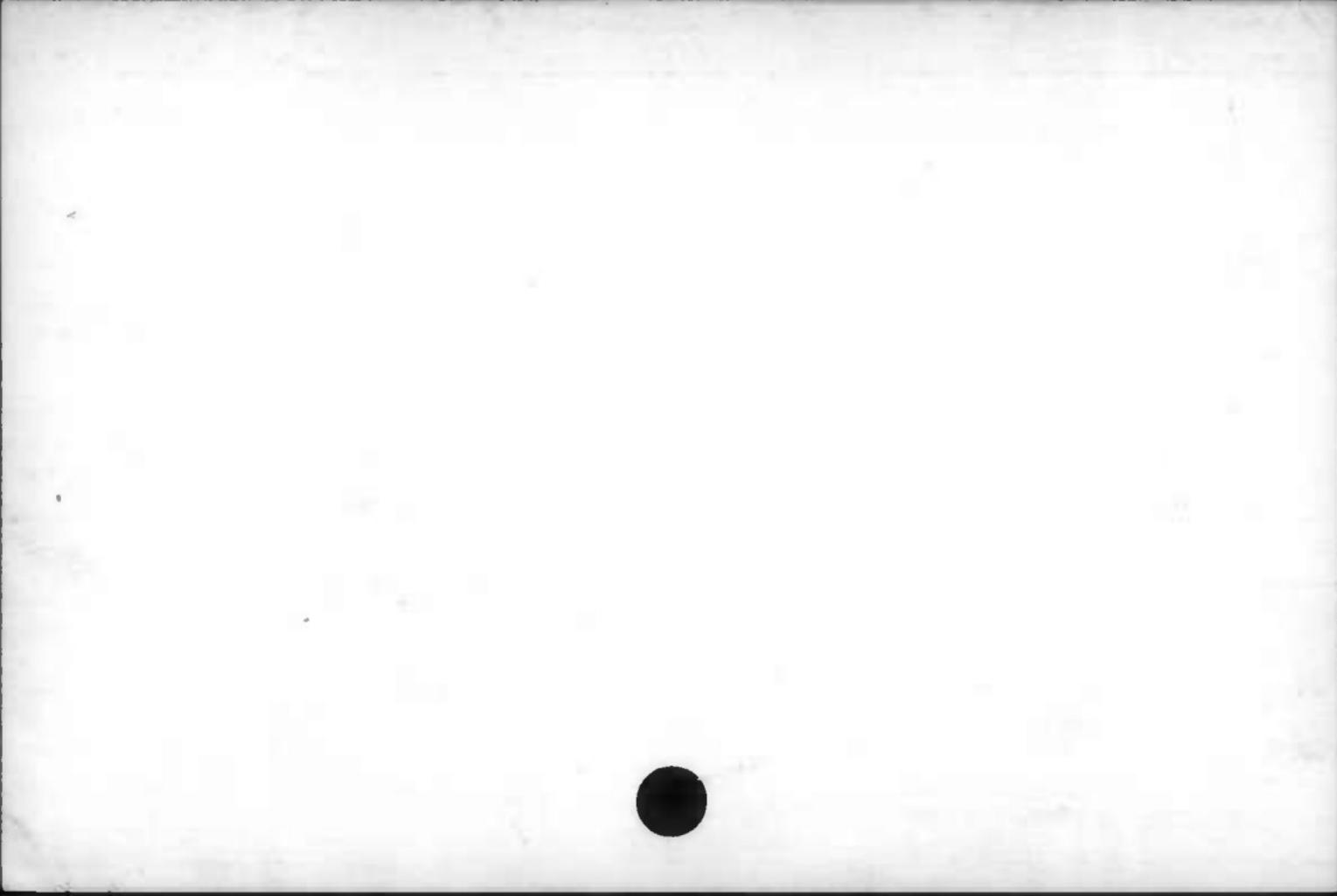
Signature of Physician

Address

Yes

Melvin Cawood MD
West River
Md

Accident or Suicide



Name
in
Full

Sherman Jr Fountain

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	Nov	25	1	-	15	
Sex	Male	Color or Race	colored	Birth-place	Balls, Md	
Occupation	None		Where Residing if not at place of death	—		
Married, Single or Widowed	Single	Name of Wife or Husband	—	—		
Father's Name	John Jr Fountain		Father's Birthplace	Md		
Mother's Maiden Name	Lillie Harris		Mother's Birthplace	Balls Md		
Name of person giving Information	Lillie Harris		How related to deceased	Mother		

CAUSES OF DEATH

105

How long

1 mo.

How long

3 days

Primary

Enter Colitis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

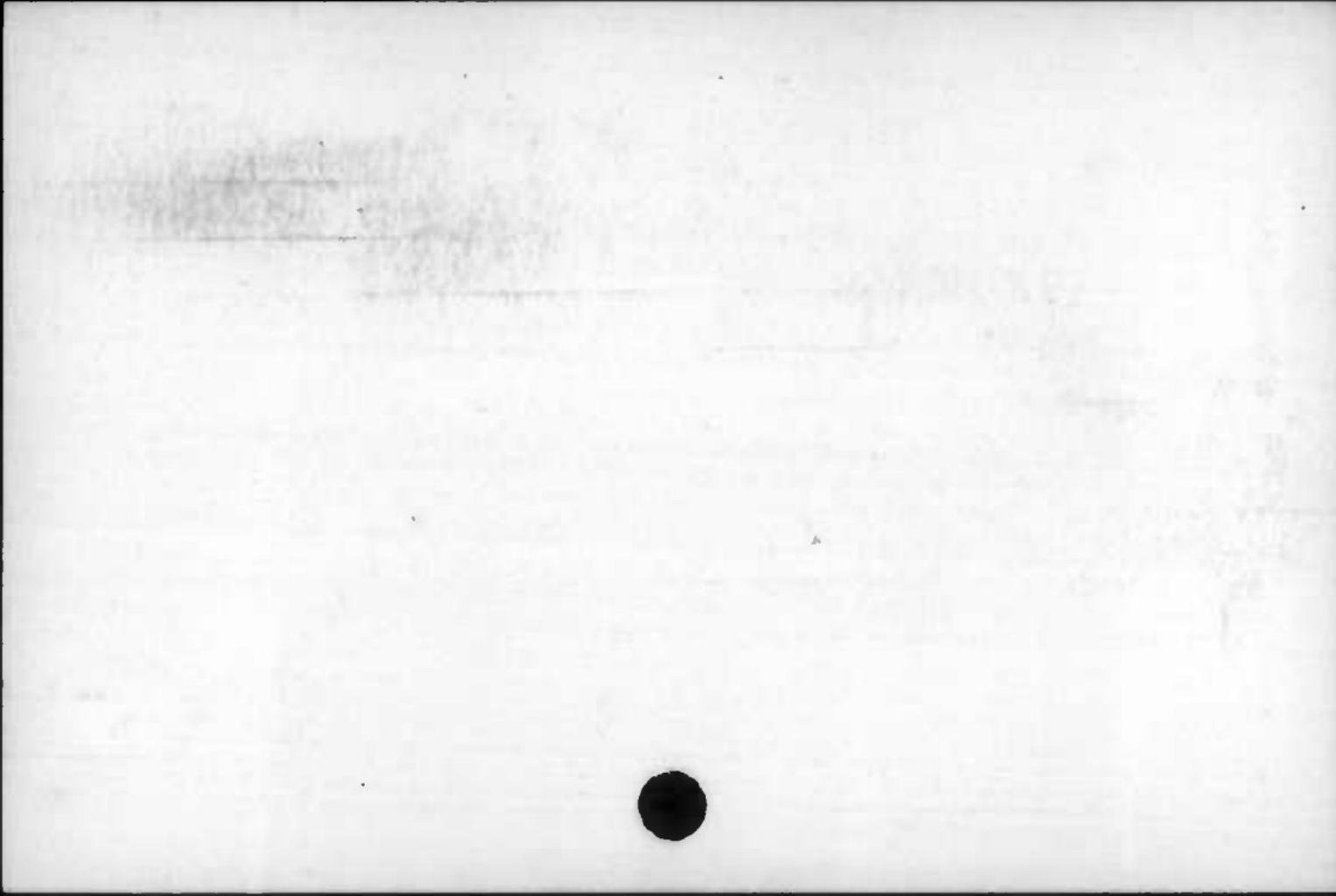
yes

Signature of Physician

Address

Jes S. Dent
Churchton

Accident or Suicide?



Name
in
Full

Still Born French

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at West Annapolis a a b
Town County

MARYLAND

Months

Days

Date of death 1909 Nov 16 Age -

Sex Male Color or Race White

Birth-place West Annapolis

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Single Son

Father's
Birthplace

Mother's
Maiden Name

William French

In

Name of person giving
Information

Edith Mumford

Mother's
Birthplace

William French

In

CAUSES OF DEATH

Primary

Still Born

⑧

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

How long

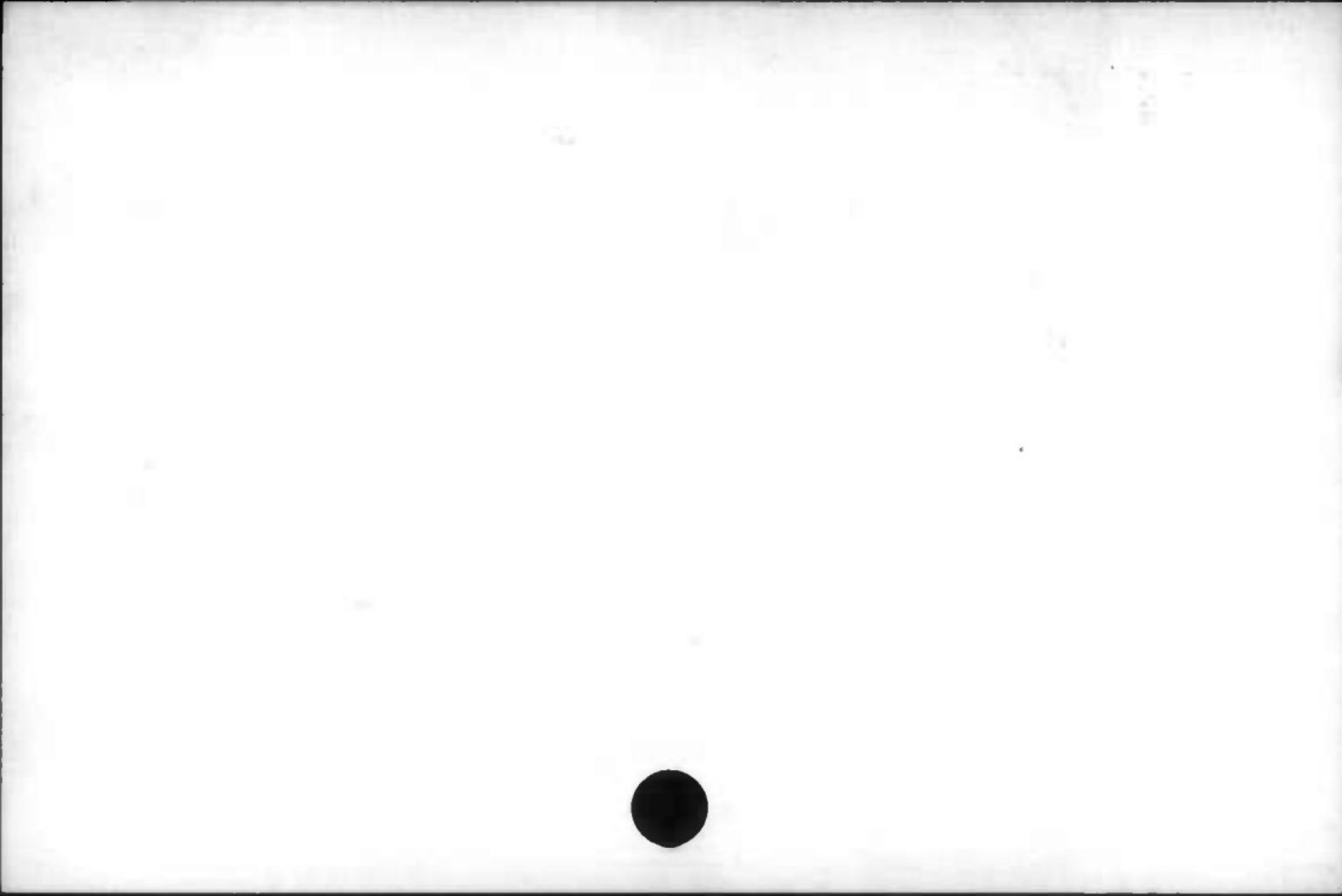
Still Born.

Address

Samuel Henderson
Edmund H.C.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Galloway

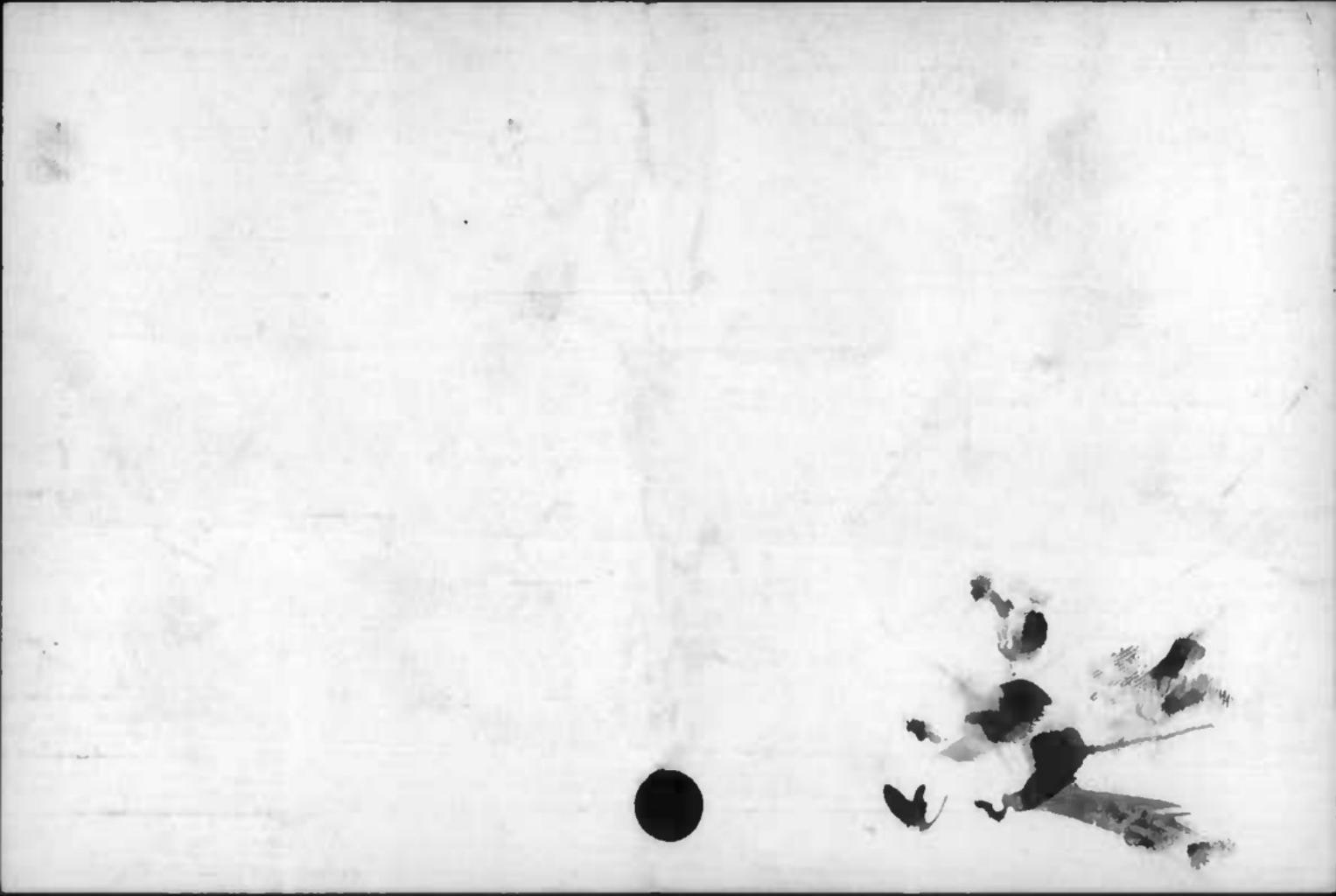
CERTIFICATE OF DEATH

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age		Birth-place	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	George Galloway		Father's Birthplace		Hoboken	
Mother's Maiden Name	Amelia Dickson		Mother's Birthplace		Hoboken	
Name of person giving Information	Father		How related to deceased			

CAUSES OF DEATH

72

Primary	Insanity Nascentium		Three days
Immediate	Exhaustion		gradual
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		John Ridout Jr.
yes	Address		1514 N. Calvert St. Baltimore Md.
Accident or Suicide?			



Name
in
Full

Annie Matilda Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Age	Birth-place
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Thomas Griffin	
Father's Name	Charles F Coates		
Mother's Maiden Name	Sidney Hawkins		
Name of person giving Information	Thomas Griffin		

CAUSES OF DEATH

Primary	Aneurysm of Innervation, Abdominal Aorta	How long	7 months
Immediate	Hemorrhage, Shock	How long	12 hours -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	R. W. Wilson

PHYSICIAN
OR CORONER

Accident or Suicide?



Address
E. Churchton
A.A.C., Md.

Interred at
Darnall and

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Charles Robert Griffith

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Severn	Anne Arundel	
Date of death	Month	Day
1909	11	29
Age	Years	Months
	91	7
Sex	Color or Race	Days
Male	White	29

Occupation	Where Residing if not at place of death
Farmer	

Married, Single or Widowed	Name of Wife Husband	Alverta Griffith
Married		

Father's Name	Father's Birthplace
Dennis Griffith	A. A. Co Md.

Mother's Maiden Name	Mother's Birthplace
Priscilla Phelps	" " "

Name of person giving information	How related to deceased
P. R. Griffith	Son

CAUSES OF DEATH

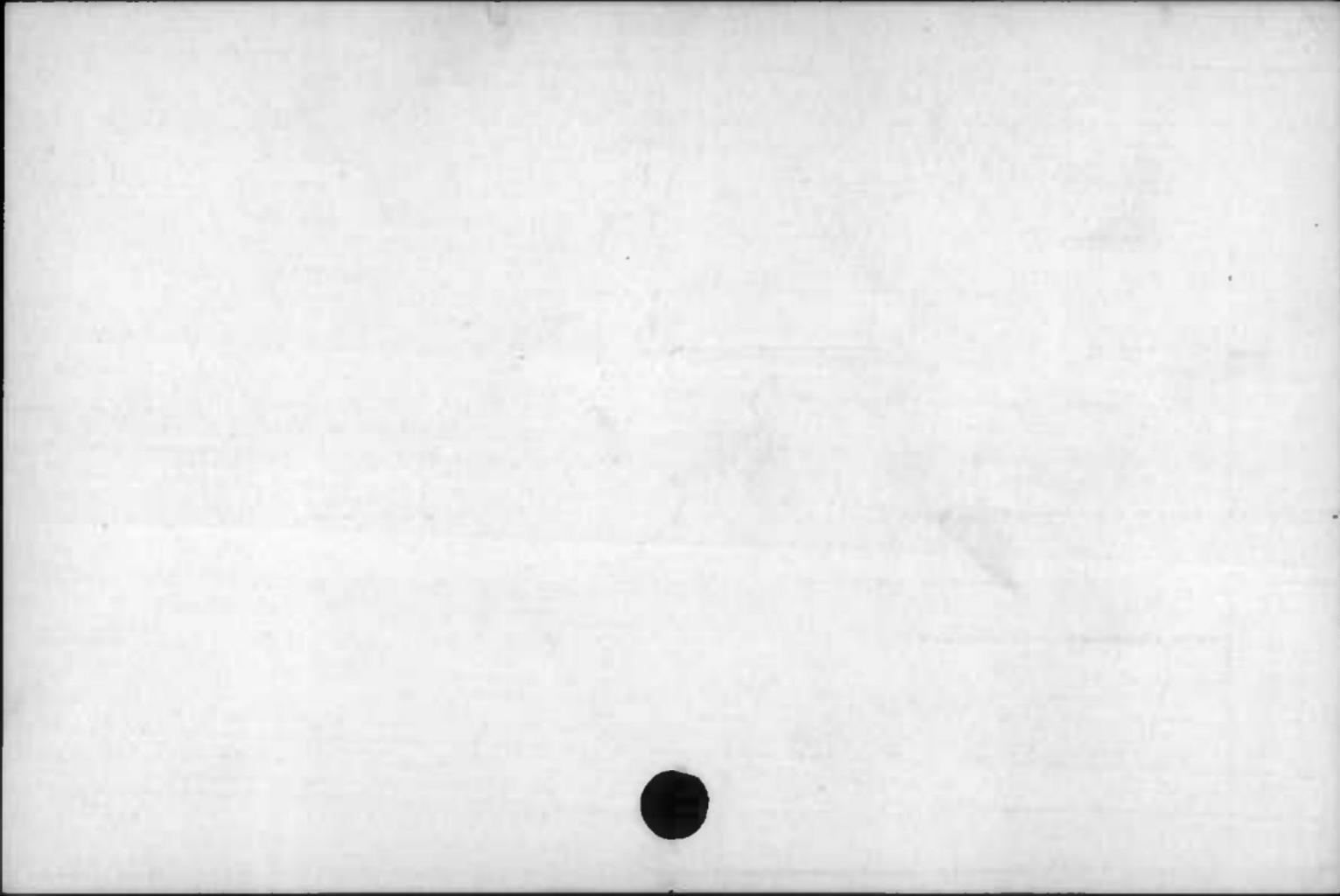
Primary	How long
Streptococic infection	20

Immediate	How long
Septicemia	5 days

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	R. Hammond

Address	
	Jessup Md

Accident or Suicide?	
no	



Name
in
Full

Louis B. W. Graham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND		
Date of daath	Month	Day	Years	Months	Days
Sex	Age	Color or Race	White	Birth-place	East Port
Occupation	Where Residing if not at place of death				
Marriad, Single or Widowed	Single	Name of Wife or Husband	None	Father's Birthplace	New Jersey
Father's Name	F. R. Graham				
Mother's Maiden Name	Annie E. Brewer				
Name of person giving Information	F. R. Graham				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tubercular meningitis

Immediate

" "

Are the name, age, sex, color, date and placca correctly given above?

Yes.

Signature of Physician

Address

John Purvis
Annapolis
Md

28

How long

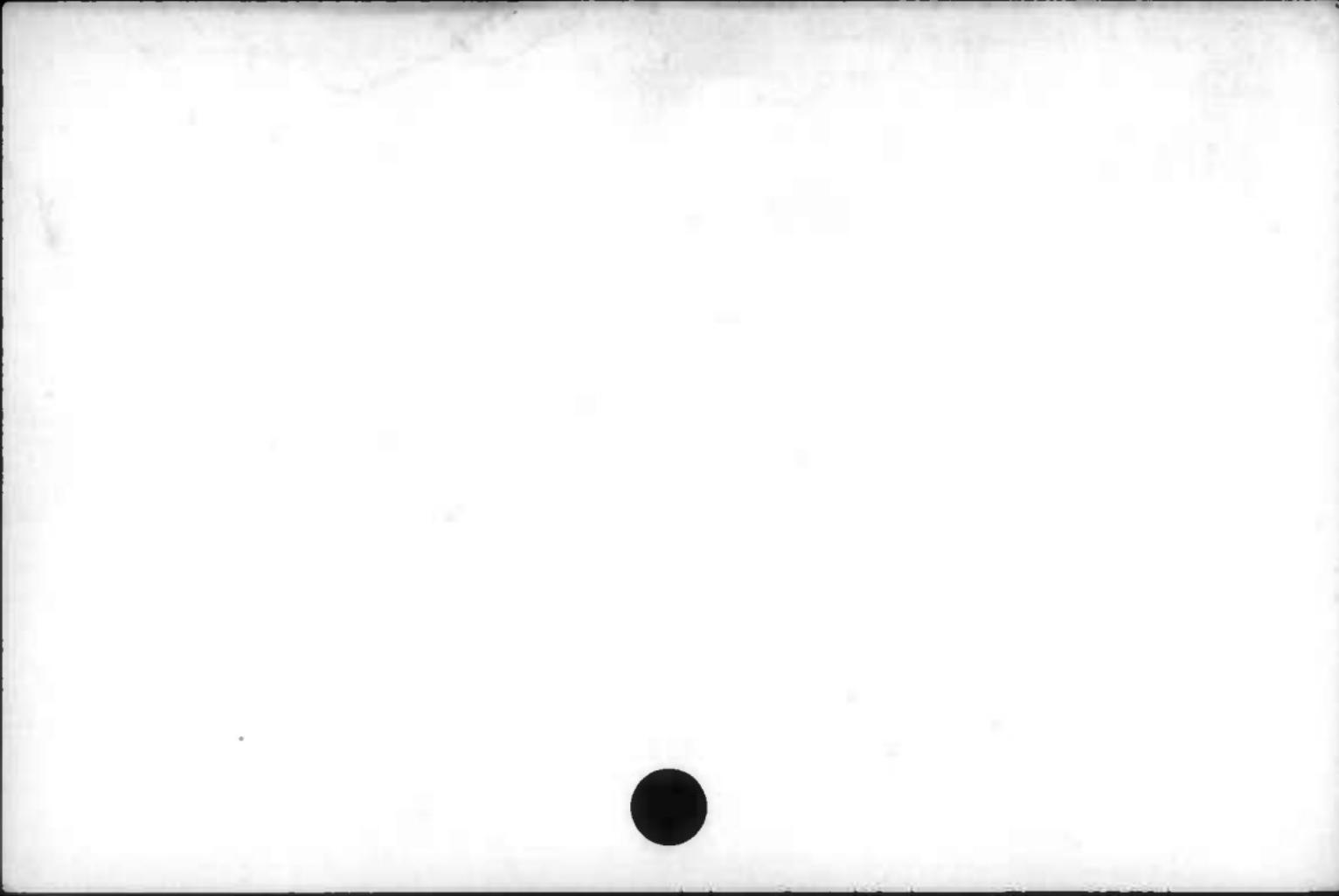
3 weeks

How long

"

Accident or Suicida

No



Name
in
Full

John Haas Jr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town
Died at Crabbs Creek, 2^d Dist A.A.C.

MARYLAND

Date of death 1909 Month Nov Day 28 Years — Months — Days /

Sex Male Color or Race White

Birth-place A.A.C. Md

Occupation —

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's Name

John Haas

Father's Birthplace

Germany

Mother's Maiden Name

Mary Corrigan

Mother's Birthplace

Chicago Ill

Name of person giving
Information

John Haas

How related
to deceased

Father

CAUSES OF DEATH

Primary

Injuries incidental to delivery

176

How long

Immediate

..

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Jms Welch

Address

Annapolis Md

PHYSICIAN
OR CORONER

Accident or Suicide



Reproduced by
Saskatchewan
Information

Name
in
Full

Charles Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town		County	MARYLAND	
Date of death	Month	Day	Years	Months	Days
of death 190	9 nov.	11	Age 61.		
Sex	Male	Color or Race	Colard	Birth-place	Calvert Md
Occupation	Farmer Where Residing if not at place of death				
Married, Single or Widowed	married	Name of Wife or Husband	Garrett Randel	Father's Birthplace	Calvert Md
Father's Name	Charles Hall				
Mother's Maiden Name	Hegrett Randel				
Name of person giving Information	Samuel Hall				

CAUSES OF DEATH

Primary

Pneumonia? Nephritis

How long

Not known

Immediate

Exhaustion from Hicough

How long

7 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

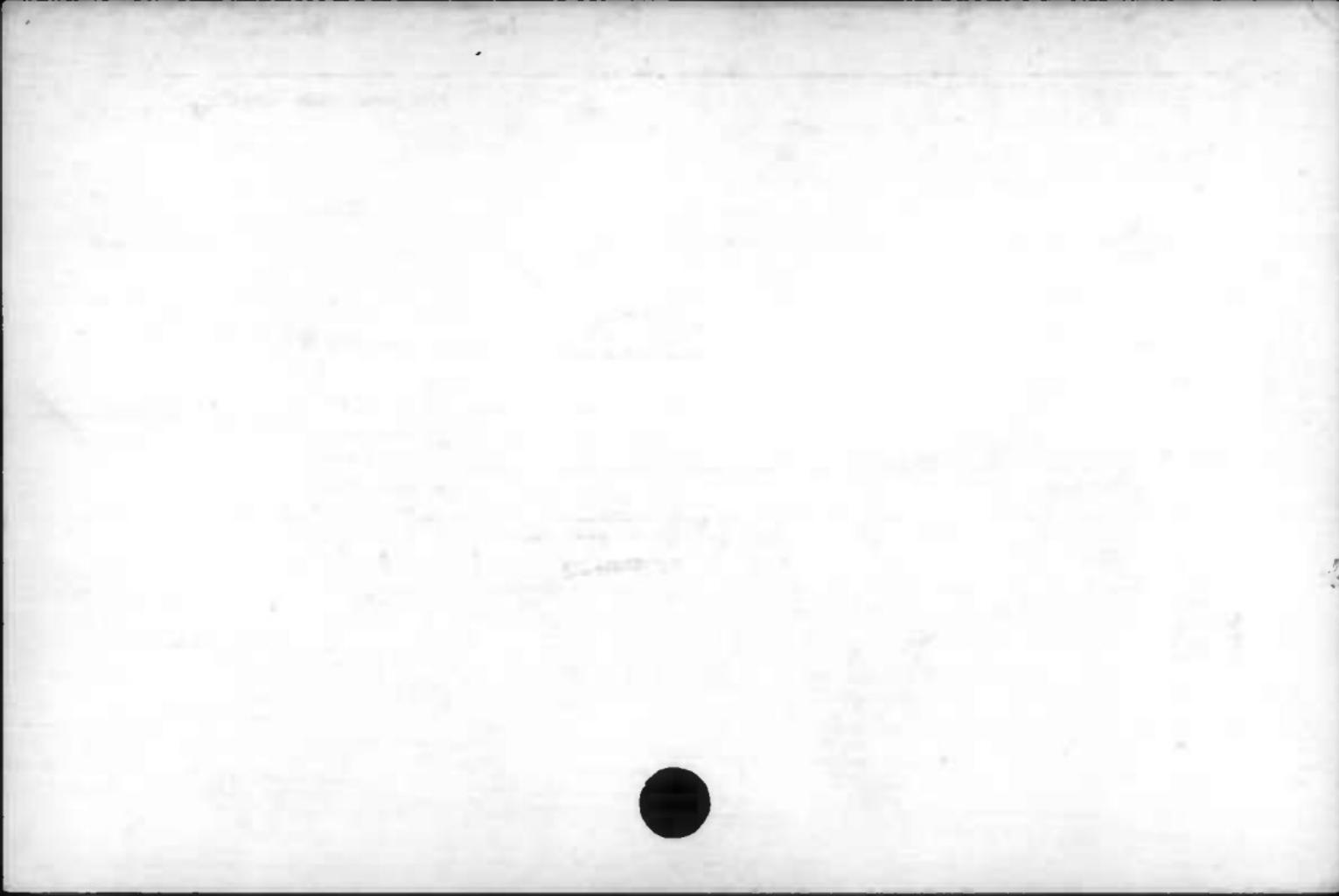
Address

Malcom Cawood MD

Accident or Suicide

Yes Neither

West River
Md



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John J. Hammond

CERTIFICATE OF DEATH

Died at	Town	County			MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1909	Nov	30	Age 71	2	—	
Sex	Color or Race	Birth-place ad Co Md				
Occupation	Where Residing if not at place of death residence					
Married, Single or Widowed	Name of Wife or Husband	Causadel L Hammond				
Father's Name	Regin Hammond					Father's Birthplace ad Co
Mother's Maiden Name	Ann C Thomas					Mother's Birthplace ad Co
Name of person giving information	Causadel Hammond					How related to deceased wife

CAUSES OF DEATH

123

Primary Cystitis, Hepatitis + Myocarditis How long don't know

Immediate Cardiac Asthma + Anasarca How long 2 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Henry C. Ogle, M.D.

Address

1203 W. Fayette St. Balt. Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Name in Full		Joseph William Harris		Town		County		CERTIFICATE OF DEATH		
Died at	Annapolis Neck	Month	Day	at	at	Co. Md	of death	MARYLAND	Month	Days
Date of death	1909	Jan	1	Years	11	Age	11	24	Days	
Sex	Male	Color or Race	Colored	Birth- place	Annapolis Neck					
Occupation	Florist	Where Residing if not at place of death								
Married, Single or Widowed	Sing	Name of Wife or Husband	None	Father's Name	John W. Harris			Father's Birthplace	Adelby Md	
Mother's Maiden Name	Tilly Brown				Mother's Birthplace	New York			How related to deceased	Father
Name of person giving Information	John W Harris									

CAUSES OF DEATH

179

Primary

Congenital Debility Since Birth

Immediate

Exhaustion

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

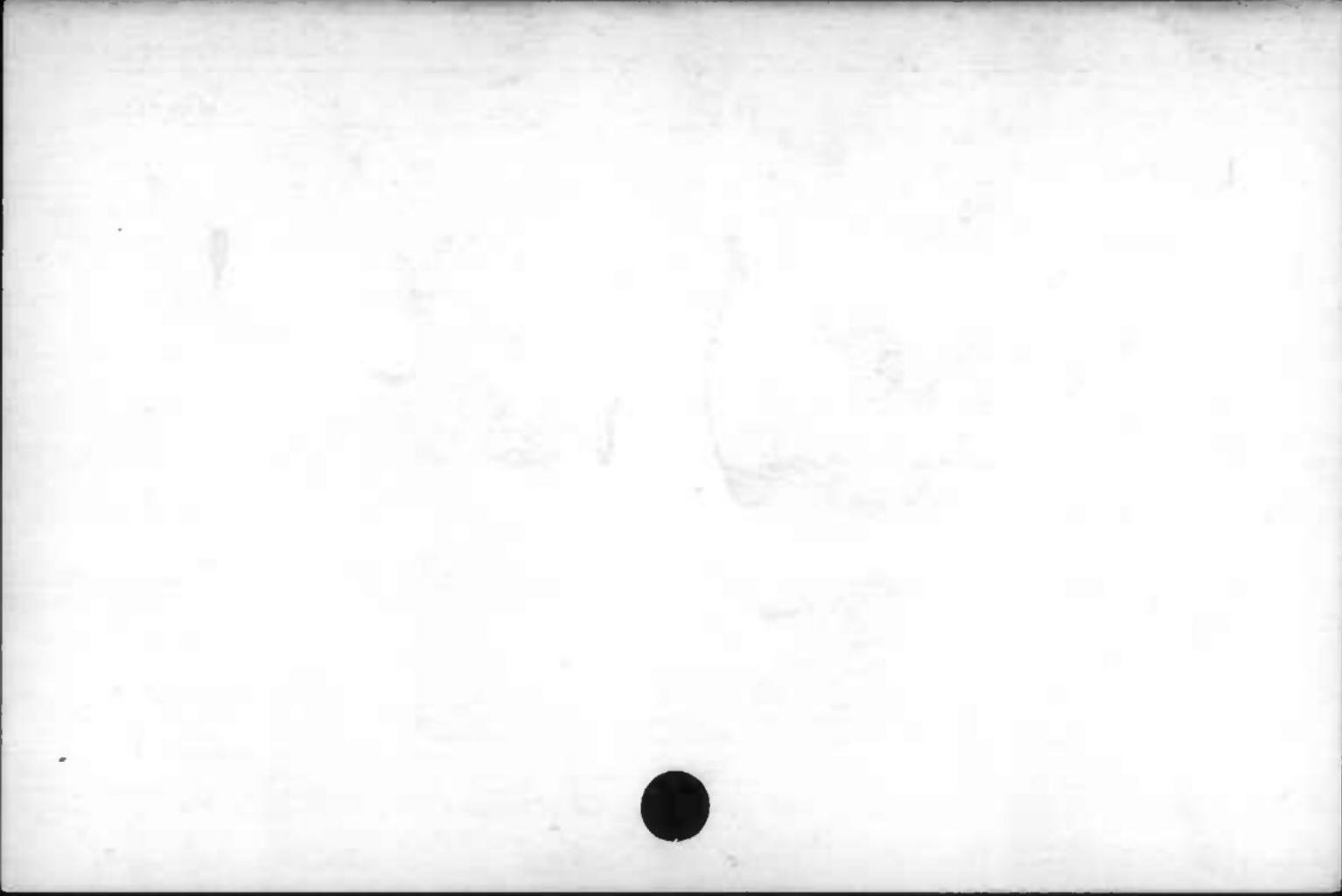
Yes

Address

John Ridoutt
Annapolis
Md

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Joseph Hayes

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Year	3	Months	Days
1909	11	11	Age		
Sex	male	Color or Race	Black	Birth-place	Baltimore
Occupation	—	Where Residing if not at place of death	Jessup		
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Wm Henry Hayes	Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace	Virginia		
Name of person giving information	Albert Green	How related to deceased	None		
CAUSES OF DEATH					
Primary	Inters Colitis		105	✓	
Immediate	Exhausion		How long	2 months	
Are the name, age, sex, color, date and place correctly given above?			How long	34 hours	

PHYSICIAN
OR CORONER

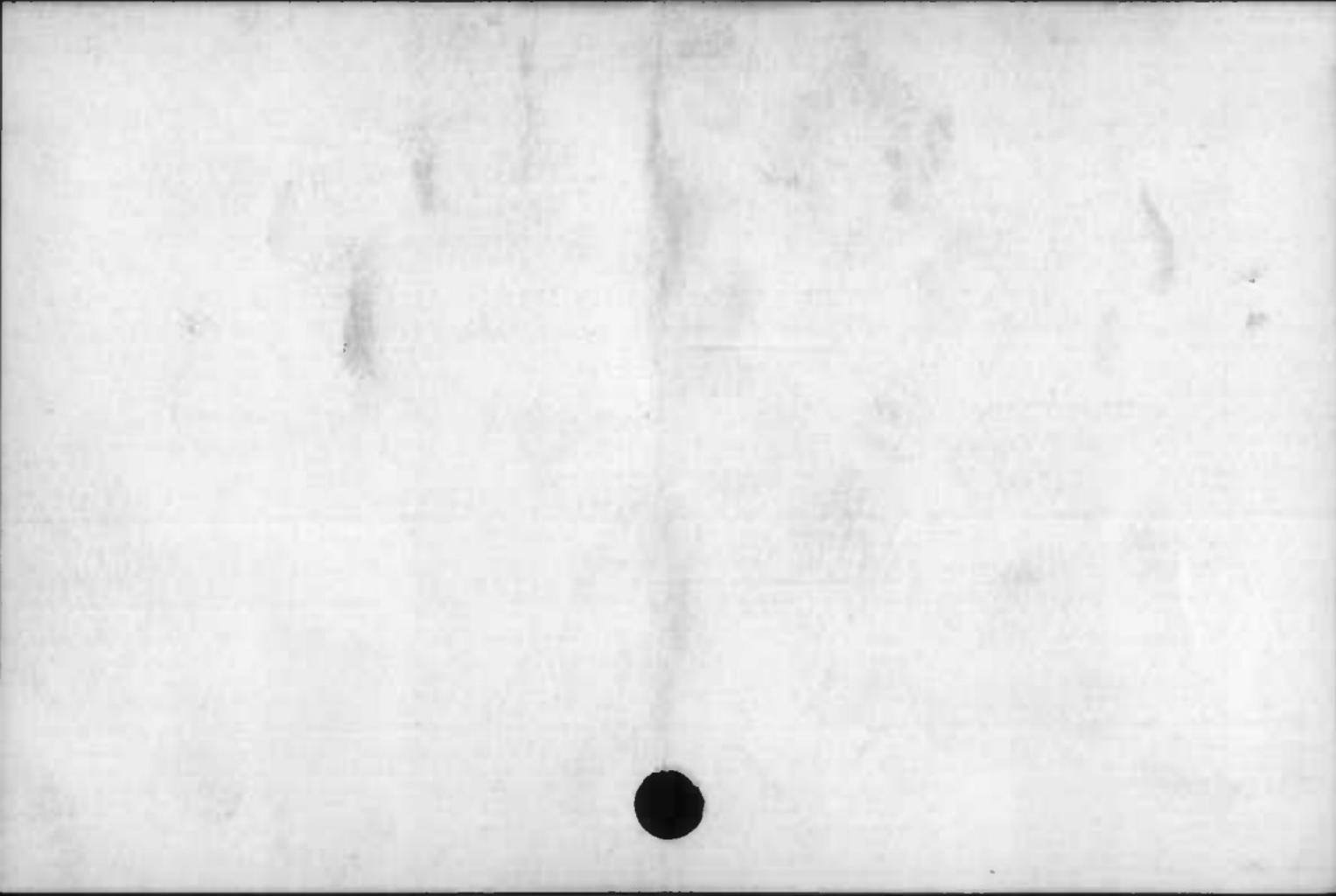
yes

Signature of Physician

Address

R.A. Hammond

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

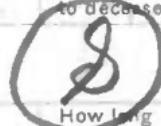
TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at Laurel Town A.F. County
Date of death 1909 Month Nov. Day 14 Years — Months — Days —
Sex Female Color or Raca white Birth-place Laurel
Occupation — Where Residing if not at place of death —
Married, Single or Widowed — Name of Wife or Husband —
Father's Name D. F Headley Father's Birthplace Bristol Pa
Mother's Maiden Name A. M. Williams Mother's Birthplace Stephens City Va
Name of person giving Information D F Headley How related to deceased Father

CAUSES OF DEATH

Primary

Still Birth



Immediate

Are the name, age, sex, color, date and place correctly given above?

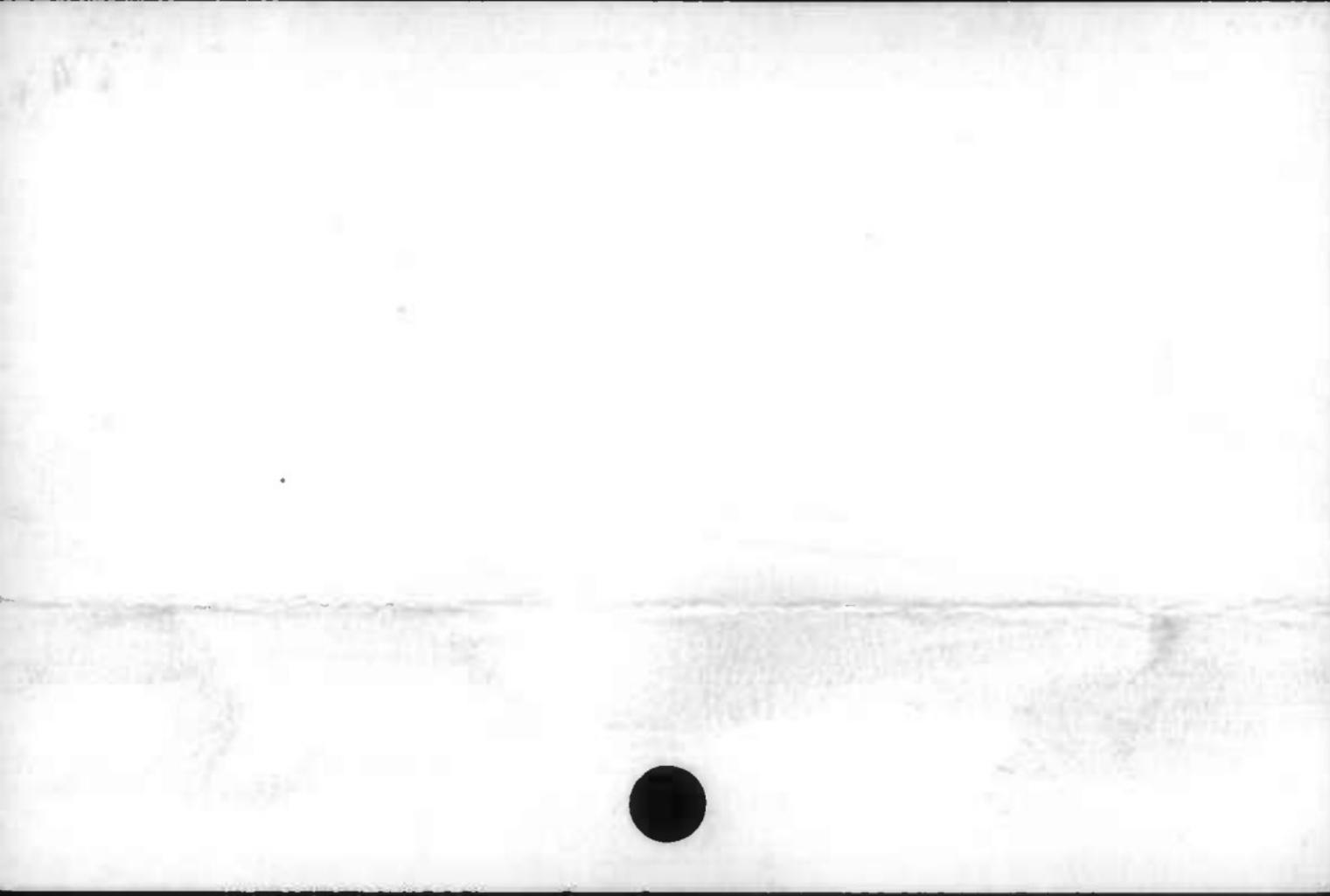
yis

Signature of Physician

Address

J A Shultz
Laurel

Accident or Suicide



Name
in
Full

Benjamin W. Herget

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Brooklyn		Town	County Anne Arundel County		MARYLAND
Date of death 1909	Month Nov.	Day 4	Years 50	Months 6	Days 10
Sex Male	Color or Race	White	Birth-place	Maryland	
Occupation Farmer		Where Residing if not at place of death	XXXXXXXXXXXX		
Married, Single or Widowed Married	Name of Wife or Husband	Jennie E. Herget			
Father's Name Adam Herget	Father's Birthplace	Germany			
Mother's Maiden Name Not known	Mother's Birthplace	Unknown			
Name of person giving Information Jennie E. Herget	How related to deceased	Wife			

CAUSES OF DEATH

104

How long

14 hrs

How long

Primary

Acute Indigestion

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John E. Police Officer

Accident or Suicide?



Name
in
Full

Michael Hohrnordkor

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
So. Baltz	A. St.		Months	Days	
Date of death	Month	Day	Age	Years	
1909	Nov	19	1	1	—
Sex	Color or Race	white	Birth-place	So. Baltz, Md	
Male					
Occupation	Where Residing if not at place of death				
—	—				
Married, Single or Widowed	Name of Wife or Husband				
—	—				
Father's Name	John Hohrnordkor				
Mother's Maiden Name	Mary A. Frearade				
Name of person giving information	Mary Hohrnordkor				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Whooping Cough

(8)

How long
2 weeks

Immediate

Pneumonia

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

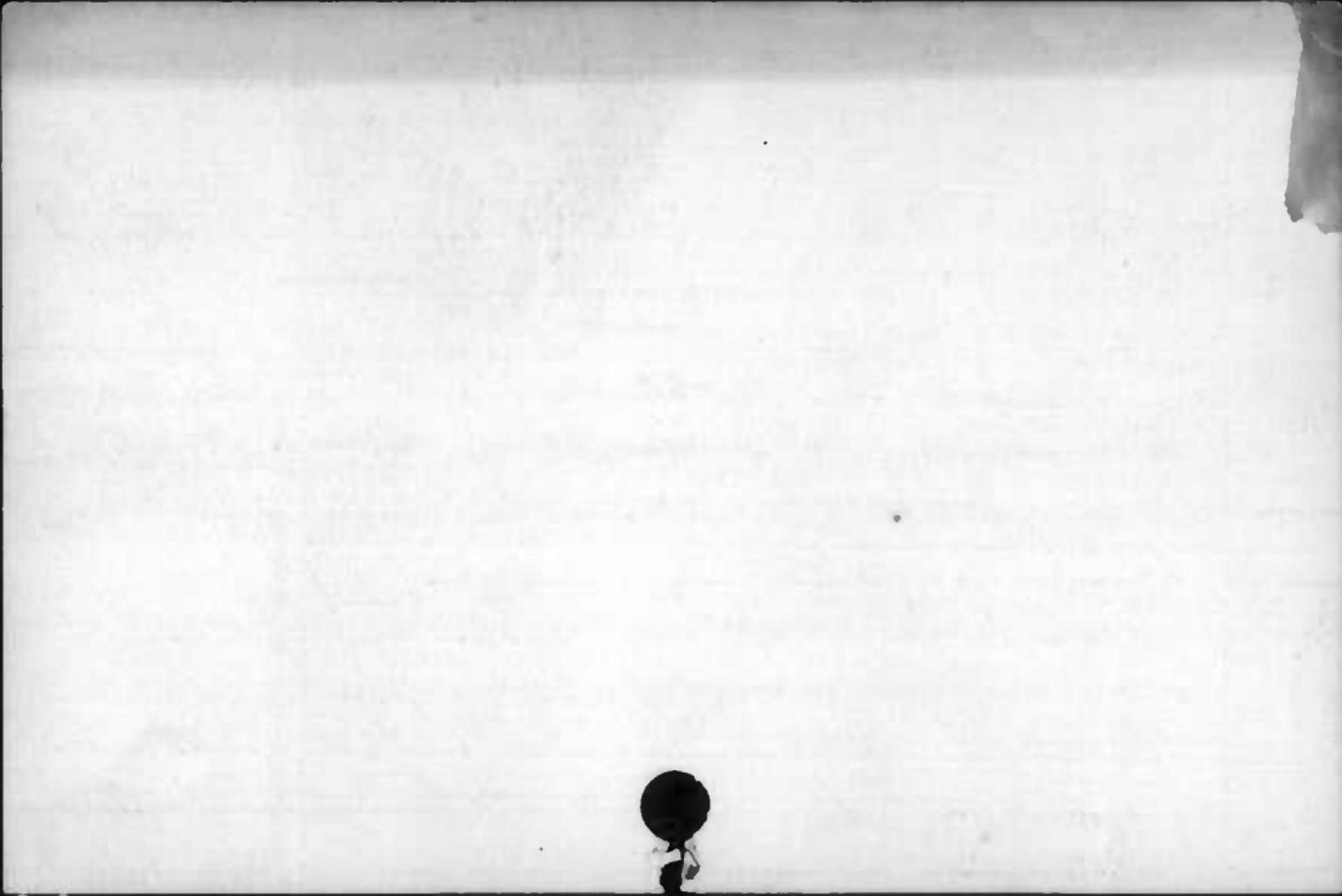
yes

Signature of Physician

Address

H. B. Horton M.D.
So. Baltz, Md.

Indicates Suicide?



Name
in
Full

Anita Holland

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

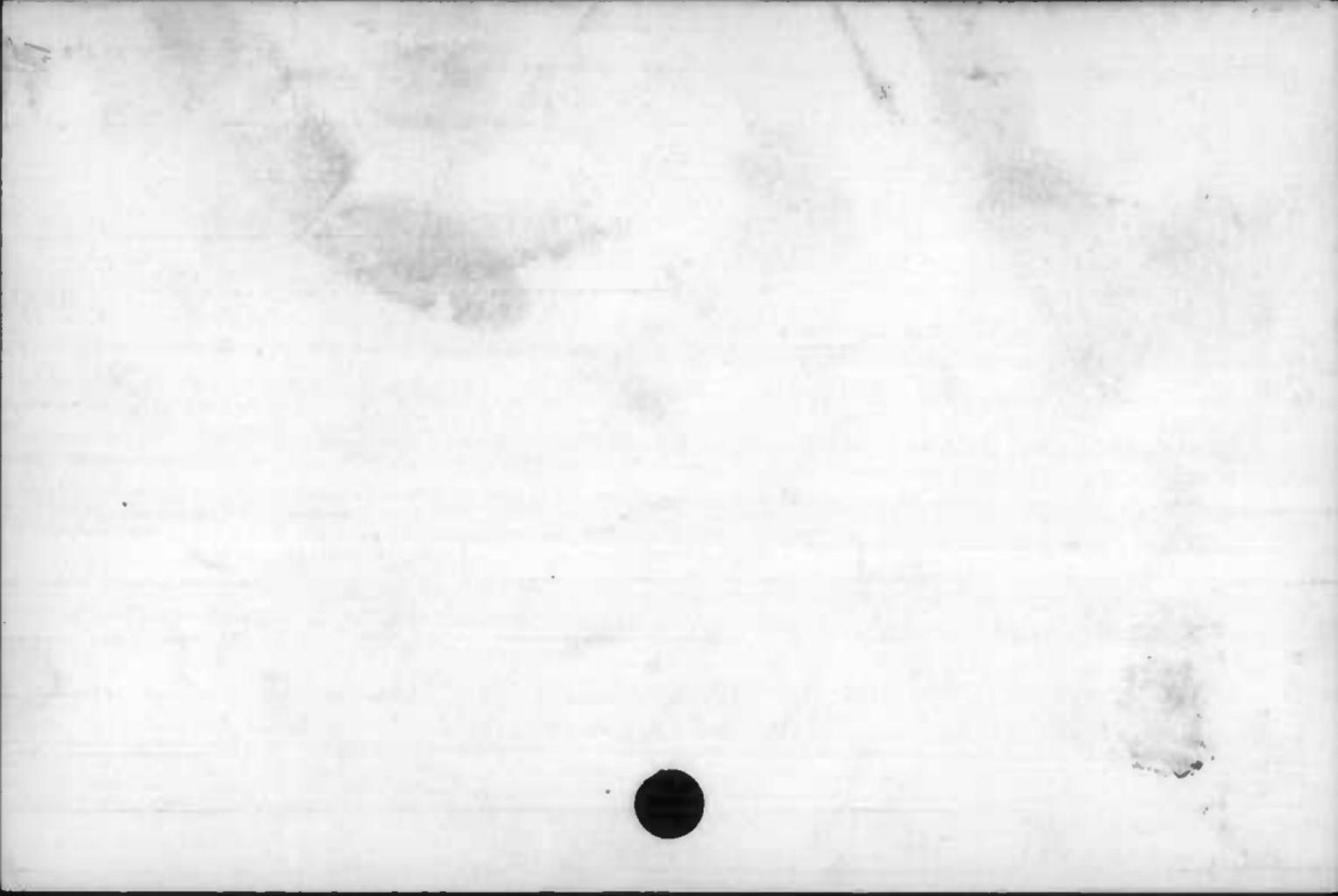
PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND		
1909	Churchton	Anne Arundel	3	Months	20 Days
Date of death	Month	Day	Age	—	
Sex	Female	Color or Race	Colored	Birth-place	Churchton, Md.
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Singles	Name of Wife or Husband	—		
Father's Name	Jacob A. Holland		Father's Birthplace	A.A. Co. Md	
Mother's Maiden Name	Mary E. Johnston		Mother's Birthplace	Calvert Co. Md	
Name of person giving Information	Jacob A. Holland		How related to deceased	Father	

CAUSES OF DEATH

150

Primary	Infantile Valvular Disease of Heart	
Immediate	Heart failure, improper creation of blood	
Are the name, age, sex, color, date and place correctly given above?	Yes	
Address	1. P. W. Wilson, Churchton, Md.	
Accident or Suicide?		



Name
in
Full

Lovonna Holmes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age	Birth-place		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		John Holmes			
Father's Name	John Bowley					Father's Birthplace
Mother's Maiden Name	Sally Smith					Mother's Birthplace
Name of person giving information	John Holmes					How related to deceased

CAUSES OF DEATH

27

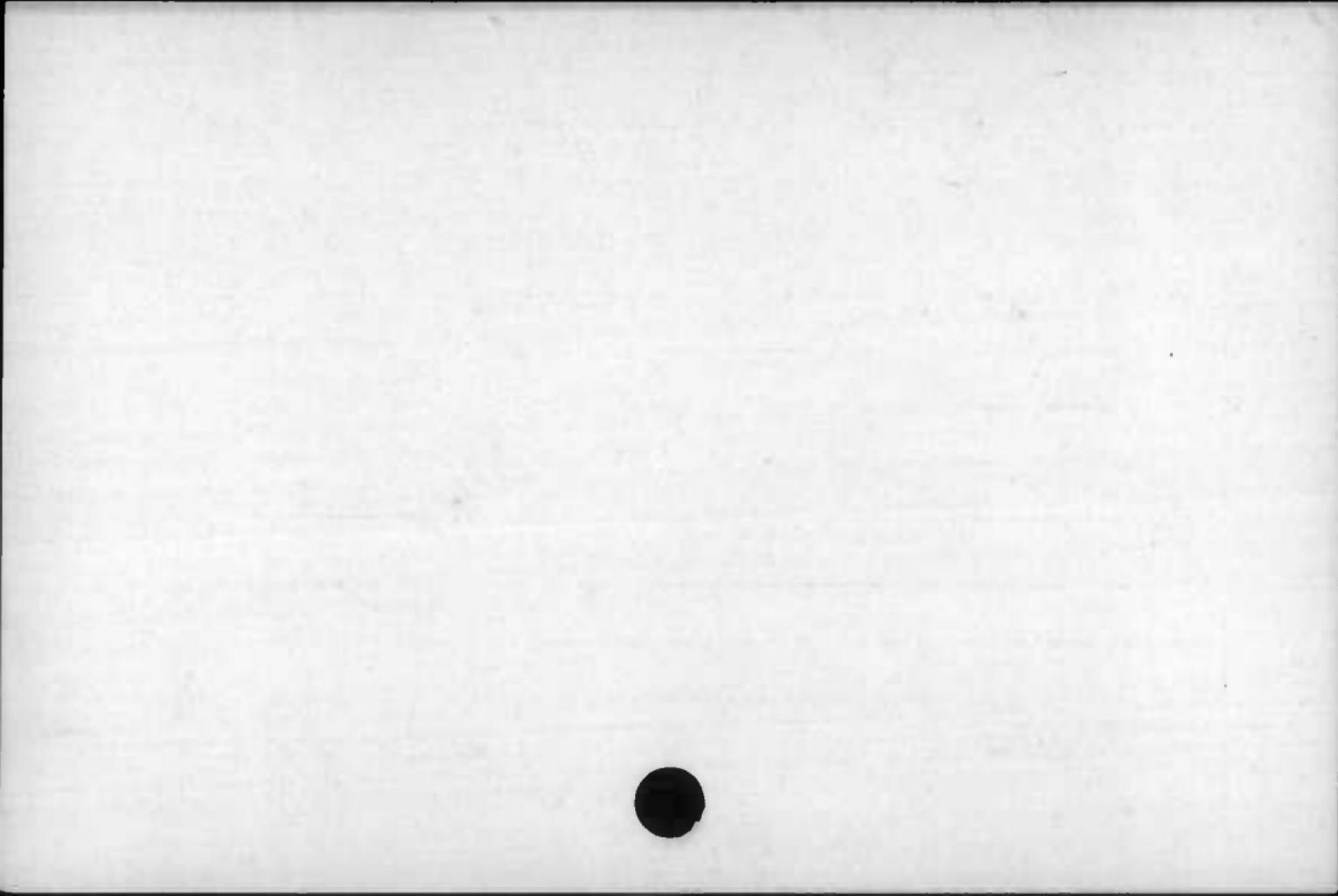
How long

18 months

How long

PHYSICIAN
OR CORONER

Primary	Inhalation	
Immediate	Pyrexia	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Address
Accident or Suicide?	Oscar H. McMennan, M.D. Adinton Md.	



Name
in
Full

Ellen Harne

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

Brooklyn

County

MARYLAND

Date
of death

Month

Day

11th 24,

Years

Age

67

Months

Days

8 3

Sex

Female

Color or
Race

White

Birth-
place

Md

Occupation

None

Where Residing if not
at place of death

Brooklyn

Married, Single,
Widowed

Widow

Name of Wife or
Husband

Henry Harne

Father's
Birthplace

Father's
Name

John Ward

Md

Mother's
 Maiden Name

Mary Ward

Mother's
Birthplace

Name of person giving
Information

Ellen Harne

How related
to deceased

Daughter.

CAUSES OF DEATH

Primary

Nephritis, Subacute

Immediate

Convalescence

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J. L. Johnson

Brooklyn Md

PHYSICIAN
OR CORONER

Accident or Suicide

William Cook

Undertaker

502 E. North Ave.

Entertainment

Baltimore Cen.

Nov 26th 1909

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hunt

CERTIFICATE OF DEATH

Died at

Town

County

MARYLAND

Month

Day

Years

Months

Days

Date
of death

1909

Nov

11

Age

Sex

Female

Color or
Race

Colored

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Silbert Hunt

Father's
Birthplace

Mother's
Maiden Name

Rebecca Henderson

Mother's
Birthplace

Name of person giving
Information

Henry Wilson

How related
to deceased

CAUSES OF DEATH

Primary

Pneumonia - Birth

151

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide



Name
in
Full

Edna. Jeffrey.

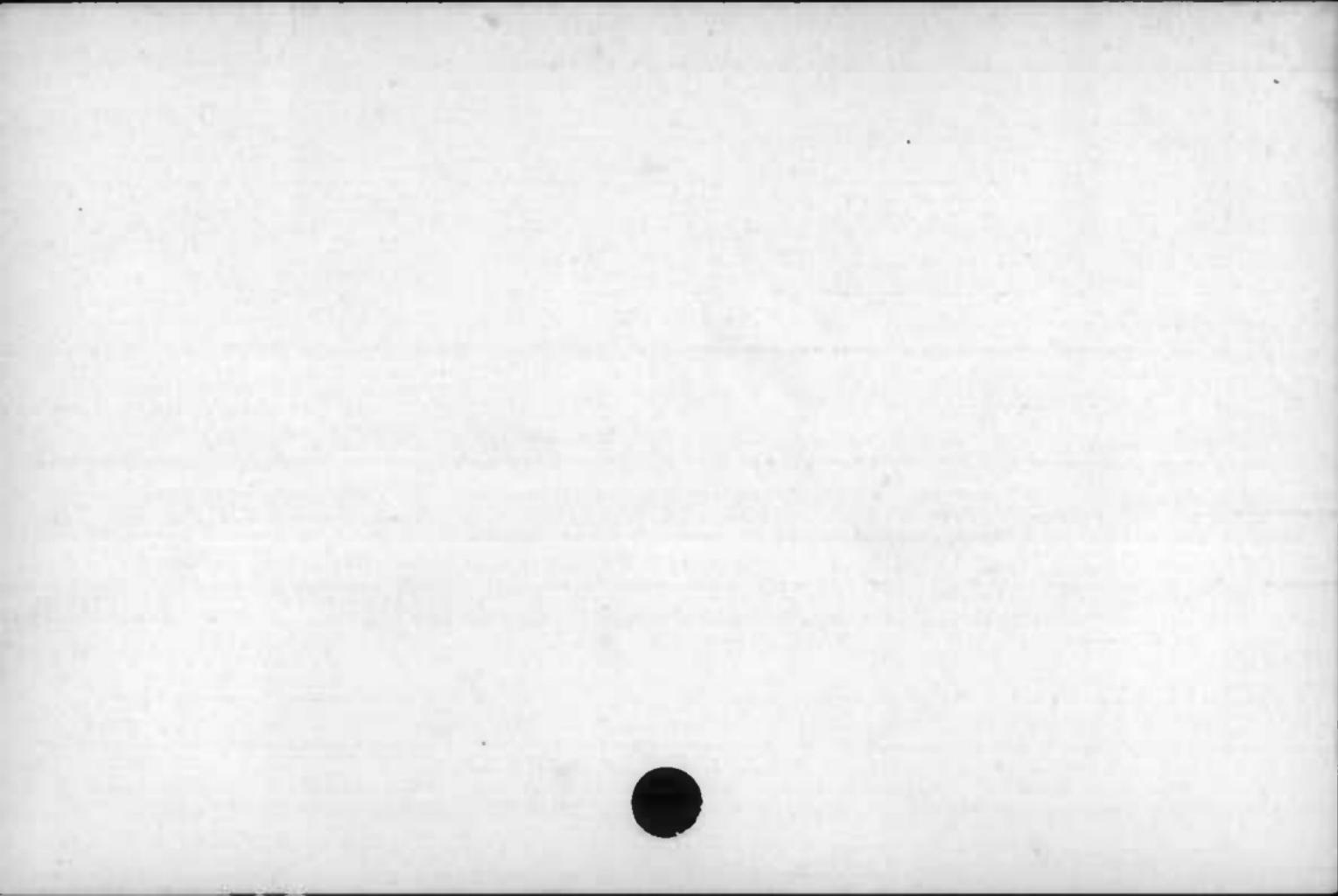
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died <u>near Hanover</u>	Town	County	MARYLAND
Date of death <u>1909</u>	Month <u>11</u>	Day <u>6</u>	Years <u>17</u> Months <u>3</u> Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Maryland</u>	
Occupation <u>Schoolgirl</u>	Where Residing if not at place of death		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		
Father's Name <u>Mme E. Jeffrey.</u>	Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Virginia Stewart</u>	Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Geo W. Jeffrey</u>	How related to deceased <u>Brother.</u>		
CAUSES OF DEATH			
Primary	<u>Mitral & Tricuspid incompetency</u> 79 How long <u>11 months</u>		
Immediate	<u>Complete failure of compensation</u> How long <u>24 hrs.</u>		

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician <u>Thos. P. Benson</u>
		Address <u>Hanover Md.</u>
Accident or Suicide?		



Name
in
Full

Dead born *Jiran*

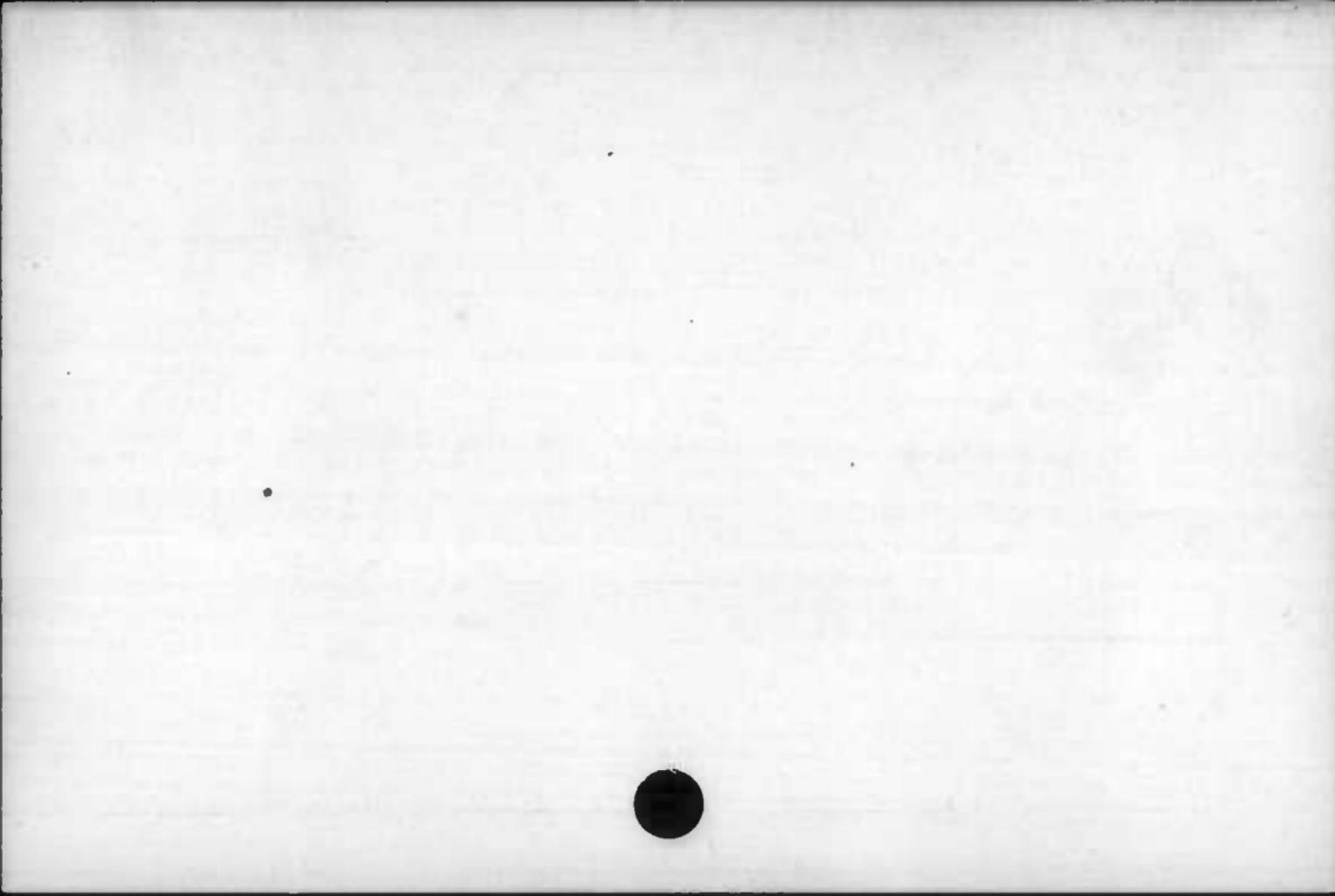
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	East Brooklyn	Brown	County	MARYLAND		
Date of death	1909	Month Nov	Day 23	Years —	Months —	Days —
Sex	Male	Color or Race	white	Birth-place	East Brooklyn, N.Y.	
Occupation	—	Where Residing if not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Birthplace	Austria	
Father's Name	Charles Jiran	Mother's Maiden Name	Teresa Baumann	Mother's Birthplace	Austria	
Name of person giving information	Charles Jiran	How related to deceased	Father	How long	8	

PHYSICIAN
OR CORONER

Primary		CAUSES OF DEATH			
Dead born					
Immediate				How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Jno. B. Horton M.D.	
			Address	So. Battie, Md.	
Accident or Suicide?					



Name
in
Full

Mather M. Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Town	County	
Died at St. Margaret's A.D.	MARYLAND	
Date of death 1909 Nov. 27	Month Day Years Months Days	
Age 4 24 9 days	Sex Male	Color or Race Colored
Occupation	Where Residing if not at place of death St. Margaret's	
Married, Single or Widowed —	Name of Wife or Husband —	
Father's Name Wesley Johnson	Father's Birthplace St. Margaret's	
Mother's Maiden Name Franklin Anderson	Mother's Birthplace St. Margaret's	
Name of person giving Information Wesley Johnson	How related to deceased Together	

CAUSES OF DEATH

Primary

Pneumonia

Immediate

Convulsions

Are the names, age, sex, color, date and place correctly given above?

Signature of Physician

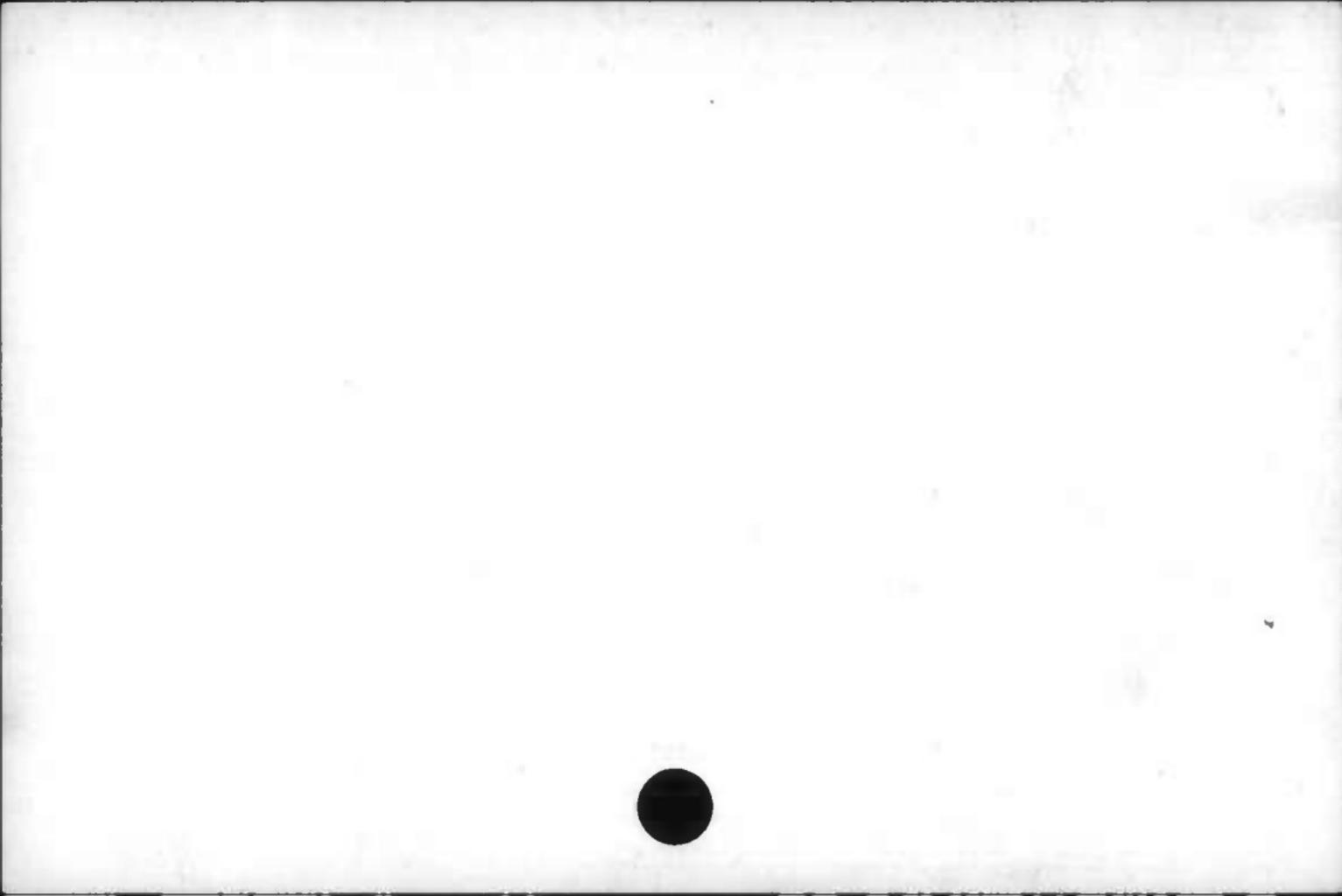
Address

93

How long

How long

Accident or Suicide



Name
in
Full

Charlie Kripelka

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

So. Balto

Town

County

MARYLAND

Date
of death

1909

Month

Nov

Day

24

Years

—

Months

—

Days

—

Sex

Male

Color or
Race

Age

—

Birth
place

So. Balto

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

—

Name of Wife or
Husband

—

Father's
Name

Rudolph Kripelka

Father's
Birthplace

Bohemia

Mother's
Maiden Name

Ludmila Podner

Mother's
Birthplace

Bohemia

Name of person giving
Information

Rudolph Kripelka

How related
to deceased

Father

CAUSES OF DEATH

93

Primary

Pneumonia

How long

4 days

Immediate

Heart Failure of 4 days

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

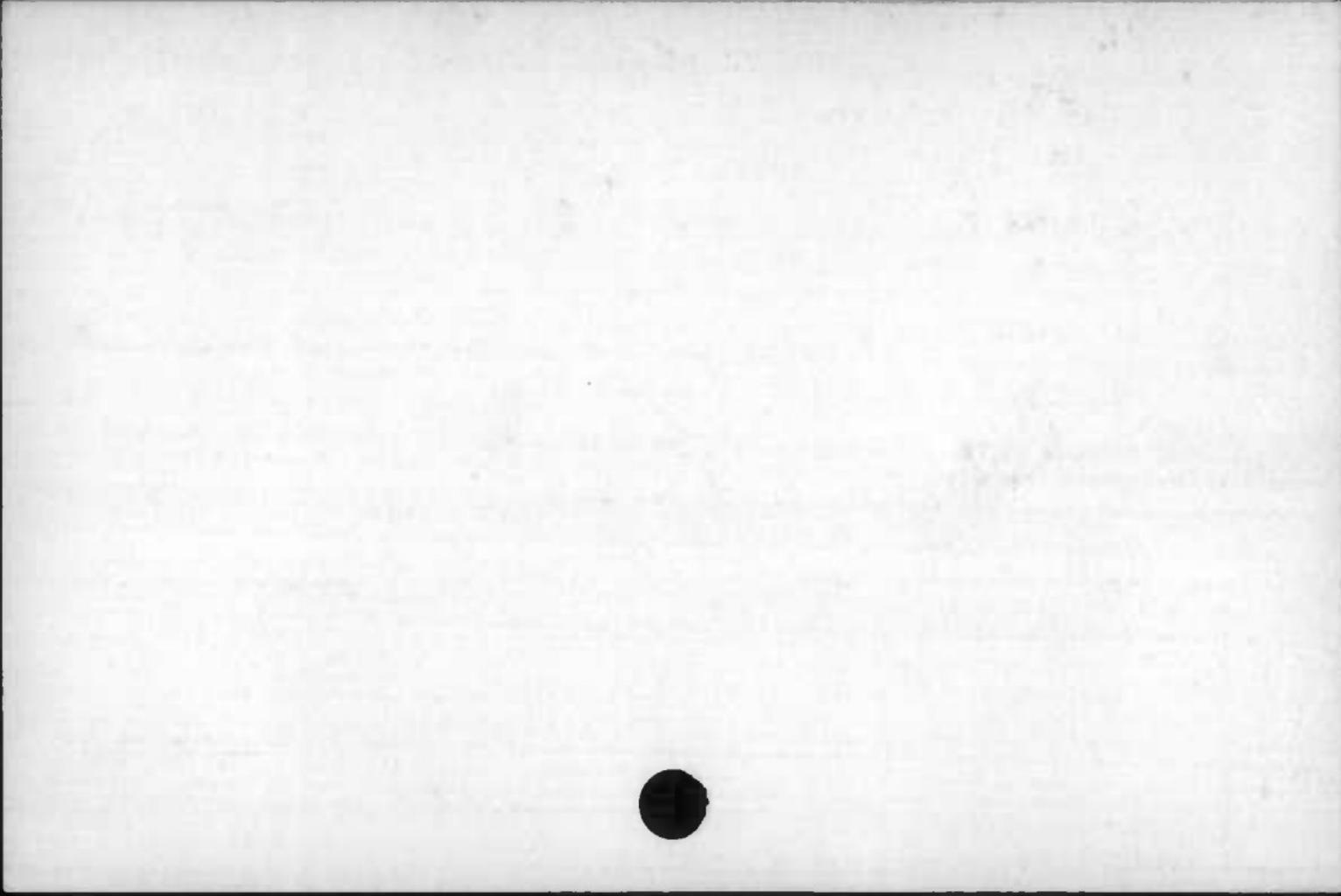
Dr. B. L. Condon M.D.

Address

So. Balto, Md

PHYSICIAN
& CORONER

Accident or Disease



Name
in
Full

Mary Lige Lansford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Earl Lansford		Father's Birthplace	Mon -	
Mother's Maiden Name	Fannie Polin		Mothar's Birthplace	Md	
Name of person giving information	Earl Lansford		How related to deceased	Fuslin	

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary

Convulsion

How long

2 days

Immediate

Are the name, age, sex, color, date and place correctly given above?

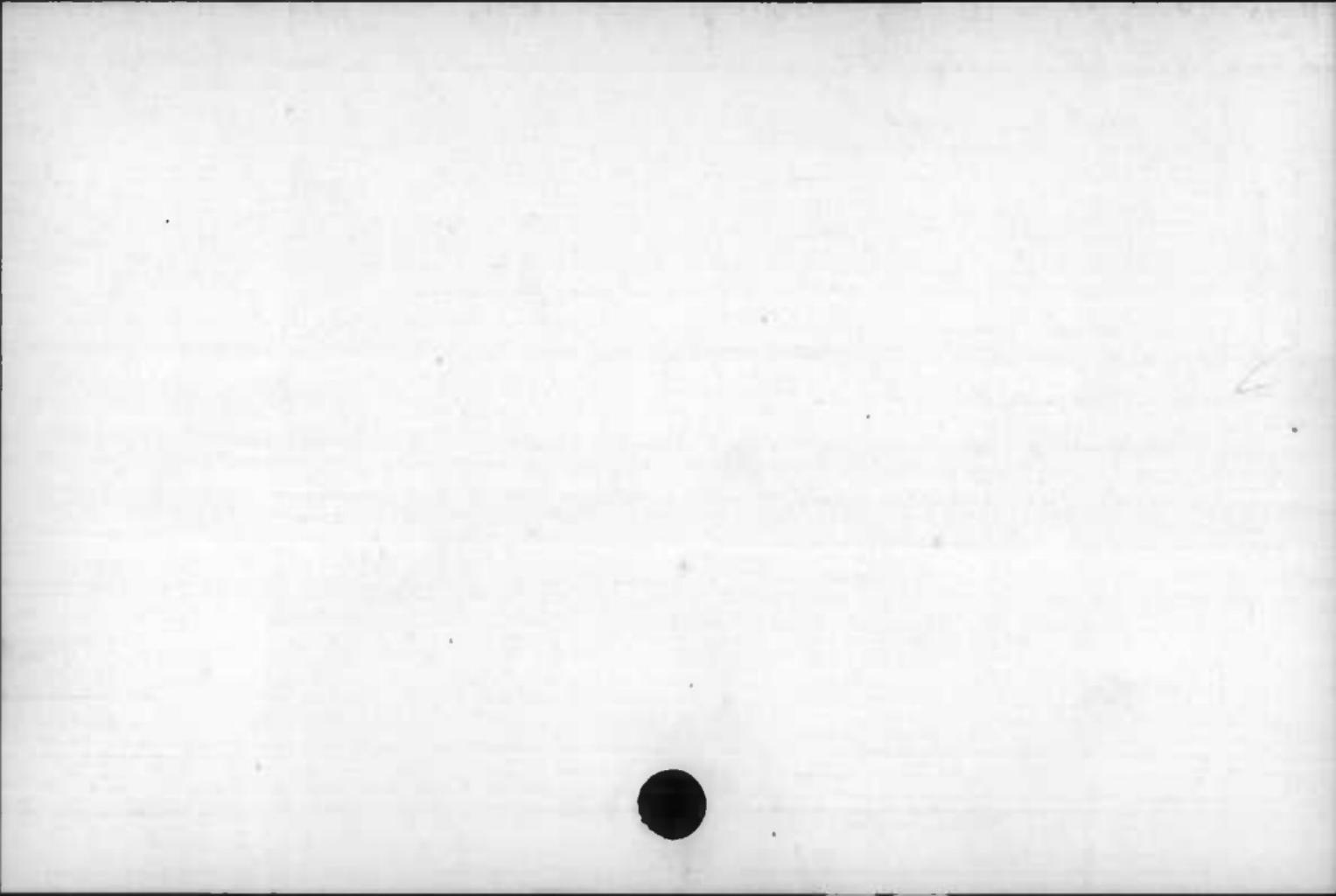
Yes

Signature of Physician

Address

Charles Brode

Accident or Suicide?



Name
in
Full

Stillborn Mc Gowan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at	Annapolis	A. A.				
Date of death	1909	Month Nov.	Day 19	Years —	Months —	Days —
Sex	Female	Color or Race	Colored	Birth-place	Annapolis	
Occupation	Unknown	Where Residing if not at place of death			No. 105. Washington St.	
Married, Single or Widowed	—	Name of Wife or Husband	—	Father's Name	Annapolis	
Father's Name	Robert Mc Gowan.			Mother's Maiden Name	Annapolis	
Mother's Maiden Name	Elizaena Samuels			Name of person giving Information	Grandmother	
	Mary S. Parker			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Stillborn

8

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

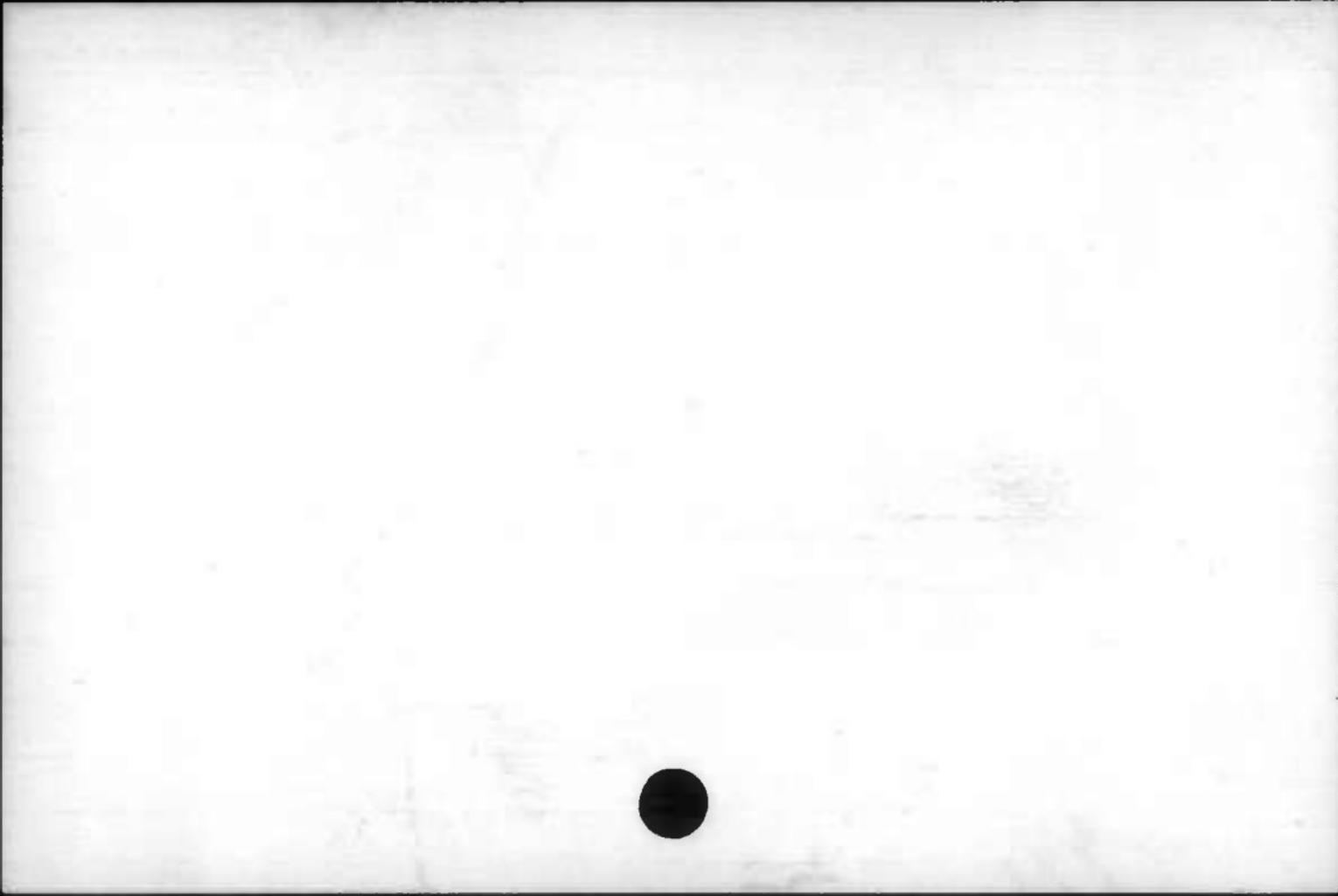
Signature of Physician

Address

Yes

John Ridout
Annapolis

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Rachel Marshall

CERTIFICATE OF DEATH

Died at Seale Town

County

MARYLAND

Date of death 1909 Month Nov

Day 9

Years

83

Months

Days

Sex Female

Color of Race

White

Birth-place

Ind

Occupation

Midwife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Husband

Don Marshall

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Jane Crandell

Mother's Birthplace

Ind

Name of person giving
Information

R. A. Marshall

How related
to deceased

Son

CAUSES OF DEATH

Primary

Paralysis

66

3 days

Immediate

Pulmonary Oedema

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Geo. T. Dent
Olneyton

Accident or Suicide?



Name
in
Full

Louise M. Martin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town County
Ann Arbor a. a.
Died at Month Day Years
Date of death 1909 Nov. 7 Age 39
Sex Female Color or Race White

MARYLAND
Months Days

Birth-place Batt. city

Occupation Housewife Where Residing if not
et place of death

Married, Single or Widowed Married Name of Wife or Husband

John B. Martin

Father's Name John Ferretta

Father's Birthplace Italy

Mother's Maiden Name Jessie Retaliata

Mother's Birthplace Italy

Name of person giving Information Mary Cella

How related to deceased Sister

CAUSES OF DEATH

112

Primary Cirrhosis of Liver
Attenda

How long 6 weeks

Immediate Attenda
Are the name, age, sex, color, date
and place correctly given above?

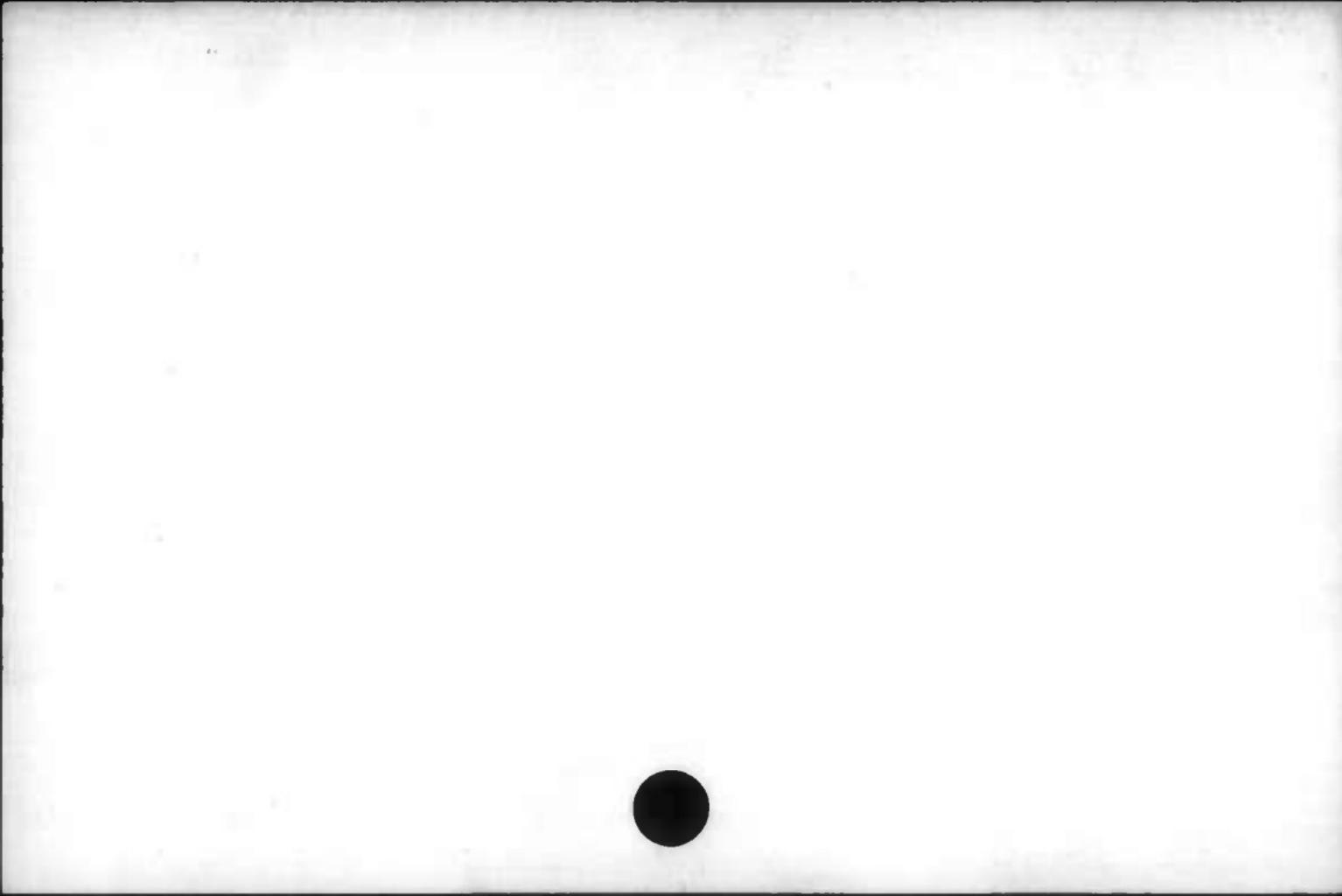
Signature of Physician

Address

Geo. Wells
Ann Arbor
Mich.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Still Born child of Miller

CERTIFICATE OF DEATH

Town

Died at Annapolis MD a. da. co

MARYLAND

Month

Day

Years

Month

Days

Date of death 1909 Nov

4

Age

—

—

—

Sex Female

Color or Race

colored

Birth-place

Annapolis MD

Veritned at

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

single

Name of Wife or
Husband

Father's Name

George

Miller

Father's Birthplace

Annapolis MD

Mother's Maiden Name

Ida

adams

Mother's Birthplace

Annapolis MD

Name of person giving
Information

George Miller

How related
to deceased

father

CAUSES OF DEATH

Primary

still Birth

How long

(S)

✓

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

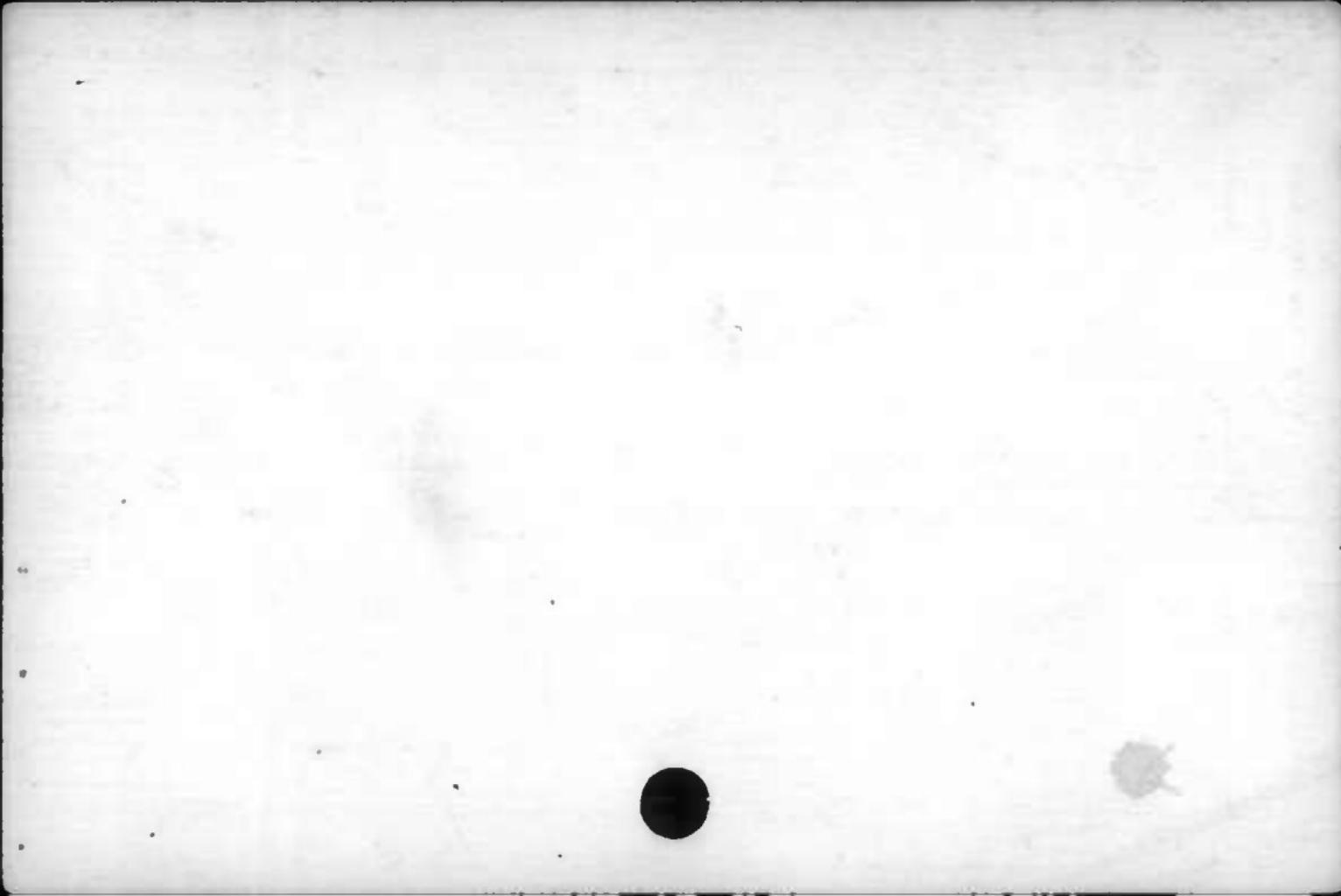
yes

Signature of
Physician

Address

R. R. Reese
60 Cathedral
Annapolis MD

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Elizabeth Murdock

Town

County

CERTIFICATE OF DEATH

MARYLAND

Died at

Annapolis

A. ct.

Date
of death

Month

Day

Years

Month

Days

1909 Nov

16

Age

78

Sex Female

Color or
Race

White

Birth-
place

Unknown

Occupation

House Wife

Where Residing if not
at place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

George Murdock

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Emma E. Jones

How related
to deceased

Daughter
Granddaughter

CAUSES OF DEATH

Primary

Pneumonia

93

How long

7 days

Immediate

Cardiac Failure

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

Walton W Hopkins MD.
Annapolis Md.

Accident or Suicide

$\lambda_1 = \frac{1}{4}$

Name
in
Full

Priscilla Parker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis

Town

Date of death 1909 Nov

Month

Day

County

Anne Arundel

MARYLAND

Years

Months

Days

Age 62

Sex Female

Color or
Race

Colored

Birthplace Unknown

Occupation

House Wife

Where Residing if not
et place of death

Married, Single
or Widowed

Widow

Name of Wife or
Husband

Andrew Parker

Father's
Birthplace

Father's
Name

Solie Bias

Unknown

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

Carrie Parker

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Valvular Heart Disease, Dropped, Rheumatism.

79

How long Some years
Affection about 5 years

Immediate

Heart failure

How long

more often
sudden.

Are the name, age, sex, color, date
and place correctly given above?

Yes except
aged
probably nearly 70

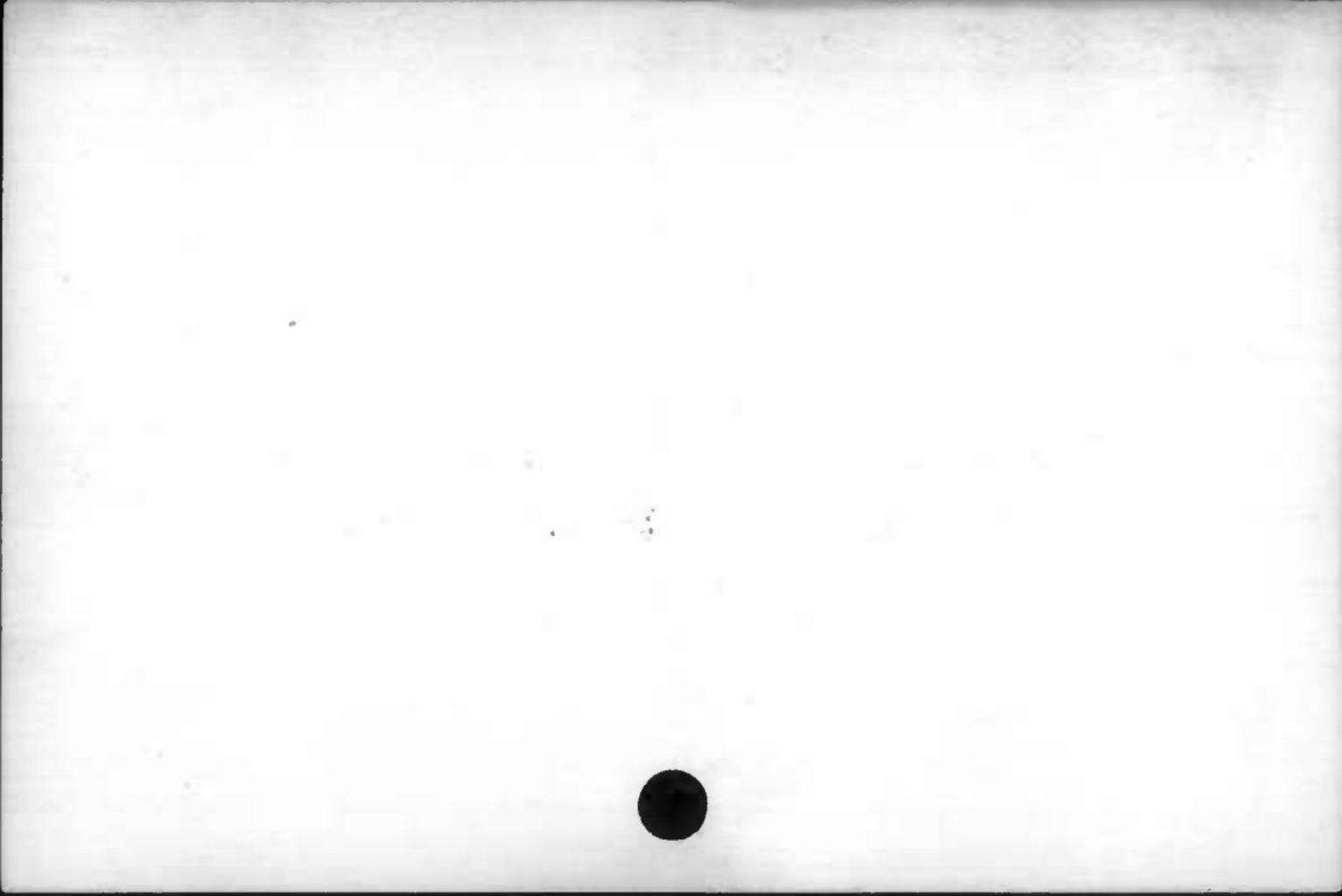
Signature of
Physician

Address

Charles B. Stensel
Annapolis, Maryland

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Robert D. Perry

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Diad at Nutmore		Anne Arundel				
Date of death	Month	Day	Years	Months	Days	
1909	Nov.	8	Age 32			
Sax	Gale	Color or Race	white-	Birth-place	Md.	
Occupation	Clerk				Annapolis, Md.	
Married, Single or Widowed	Married	Name of Wife or Husband	Eudora	Perry	Father's Birthplace	Md.
Father's Name	William E. Perry				Mother's Birthplace	Md.
Mother's Maiden Name	Sarah Grandee				How related to deceased	Brother
Name of person giving Information	John Perry					
CAUSES OF DEATH						
Primary	Pulmonary tuberculosis				How long	27
Immediata					How long	18 Months

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

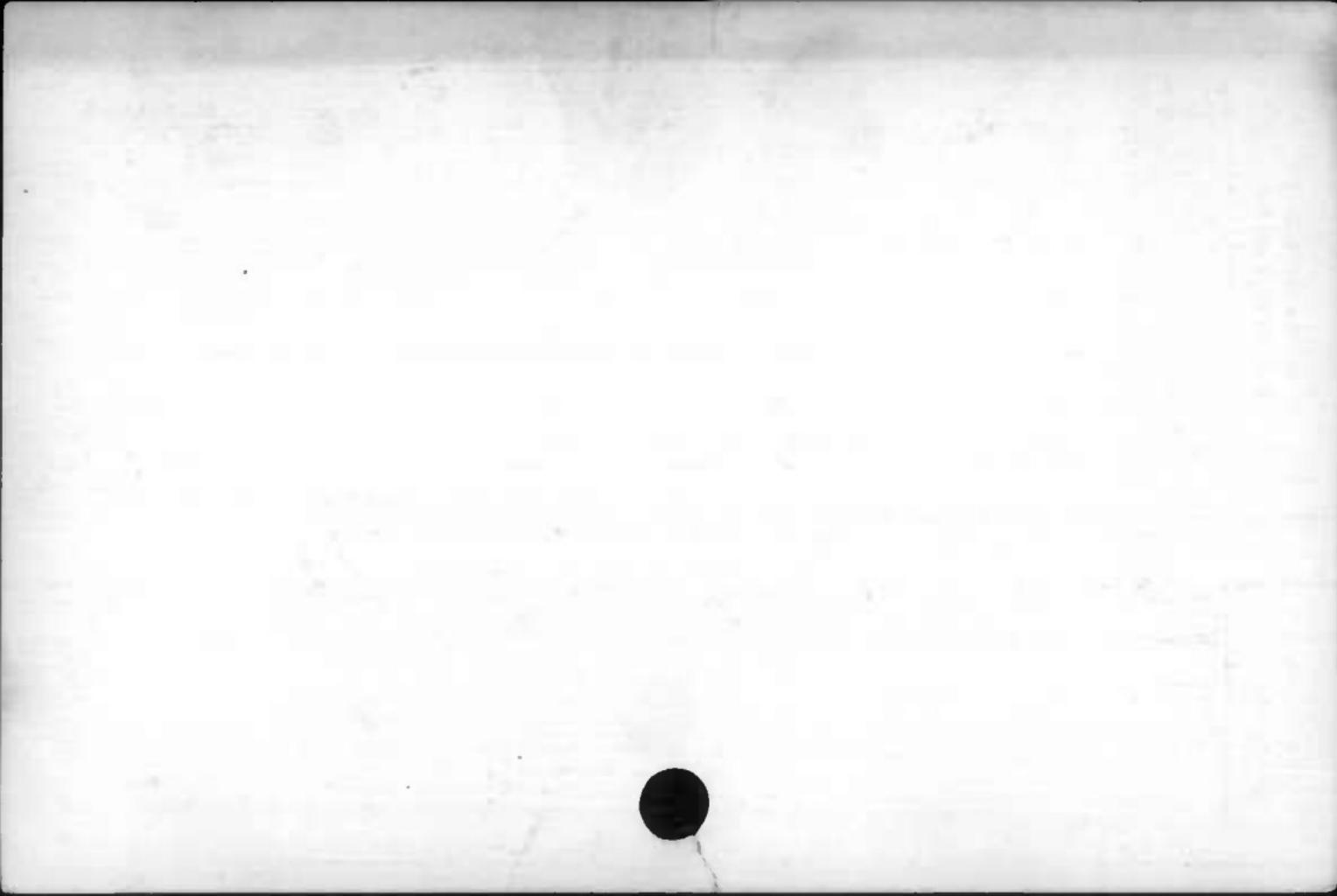
Yes

Signature of Physician

Address

A. H. Perry
McKendree, Md

Accident or Suicida



Name
in
Full

Augusta Virginia Pfeiffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis

Town

County

Anne Arundel

MARYLAND

Date
of death 1909 Nov

Month

Day

Years

Months

Days

4 Age 70

Sex Female

Color or
Race

white

Birth-
place

Pt Her C Md

Occupation none

Where Residing if not
at place of death

Married, Single
or Widowed widow

Name of Wife or
Husband

Henry Hamilton Pfeiffer

Father's
Name George R. Horwick

Father's
Birthplace Bethany Pa

Mother's
Maiden Name Mary Moore

Mother's
Birthplace Pittsburg Pa.

Name of person giving
Information Geo. W. Pfeiffer

How related
to deceased Son

CAUSES OF DEATH

Primary

Acute Pneumonia

93

How long

Five days

Immediate

Exhaustion cardiac

How long

About 6 hours.

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

J. H. Thompson M.D.
Annapolis

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

1

Accident or Suicide

Mary Larrall Pindell

CERTIFICATE OF DEATH

Town	Chesterfield		County	Maryland	
Died at	Nov 6	Month	Age	Years	Months
Date of death	1909	Nov	6	58	4
Sex	Female		Color or Race	Colored	
Occupation	House Wife		Where Residing if not at place of death	Chesterfield accom	
Married, Single or Widowed	Married		Name of Husband	James Pindell	
Father's Name	Unknown			Father's Birthplace	Aaco Md
Mother's Maiden Name	Unknown			Mother's Birthplace	Aaco Md
Name of person giving information	Jesse C. Hawkins			How related to deceased	only friend

CAUSES OF DEATH

Primary

Paralysis from cerebral Apoplexy

How long

2 Mo 13 days

Immediate

Chancery

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

P. P. Tupper
Dr. Potters Dr.
Annapolis Md.

- 82

Name
in
Full

Alice E. Power

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Diad at	Baltimore	Co	A	-	-
Date of death	1909	Month	11	Day	17
Age	2	Years	-	Months	-
Sex	Female	Color or Race	white	Birth-place	Baltimore Md
Occupation	Child	Where Residing if not at place of death			
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	James J.	Power	Father's Birthplace	Maryland	
Mother's Maiden Name	Emilia J.		Mother's Birthplace	Iowa	
Name of person giving Information	James J. Power	How related to deceased	Father		

CAUSES OF DEATH

92

Primary

Bronchitis

How long

5 days

Immediate

Cardiac Failure

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

F. J. Robinson

Address

Baltimore Md

PHYSICIAN
OR CORONER

Accident or Suicide

No

St Peters Cemetery.
Nov. 19/909
Tom Cook.

Name
in
Full

James T. Small

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County					
Died at Annapolis	Anne Arundel					
Date of death 1909	Month Nov	Day 16	Age 5-8	Years	Months	Days
Sex Male	Color or Race White	Birth-place Baltimore Co., Md				
Occupation Officer of Law	Where Residing if not at place of death Ella Small					
Married, Single or Widowed Married	Name of Wife or Husband Ella Small					
Father's Name Thomas Small	Father's Birthplace Ireland					
Mother's Maiden Name Unknown	Mother's Birthplace Boston					
Name of person giving Information Ella Small	How related to deceased Wife					

CAUSES OF DEATH

Primary

Tuberculosis

Immediate

Cardiac Failure

27

Are the name, age, sex, color, date and place correctly given above?

yes

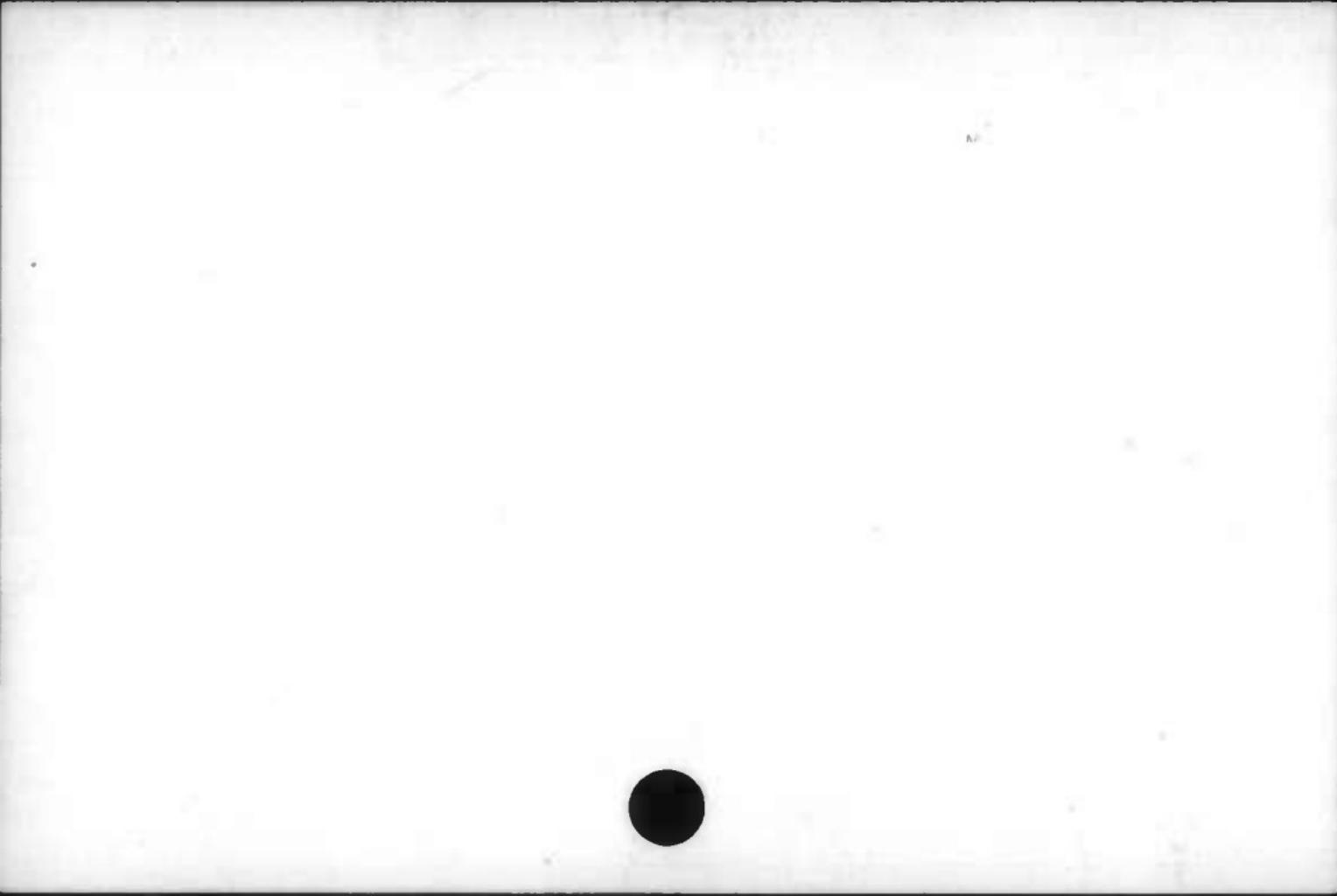
Signature of Physician

Address

Walton A. Hyphen MD.
Annapolis, Md.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Gustine Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

St. Margaret's

County

A. A.

MARYLAND

Date
of death

Month

Day

Years

Months

Days

Nov 17

Age

50

Sex

Color or
Race

Male

white

Birth-
place

Baltimore Md.

Occupation

Farmer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Married

Mumus Colebock

Father's
Birthplace

Father's
Name

Adolph. Smith

Germany

Mother's
Maiden Name

Zoura Stoeselock

Mother's
Birthplace

Name of person giving
Information

Lena Smith

Germany

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Alcoholism

56

New long

Immediate

Paralysis Heart

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

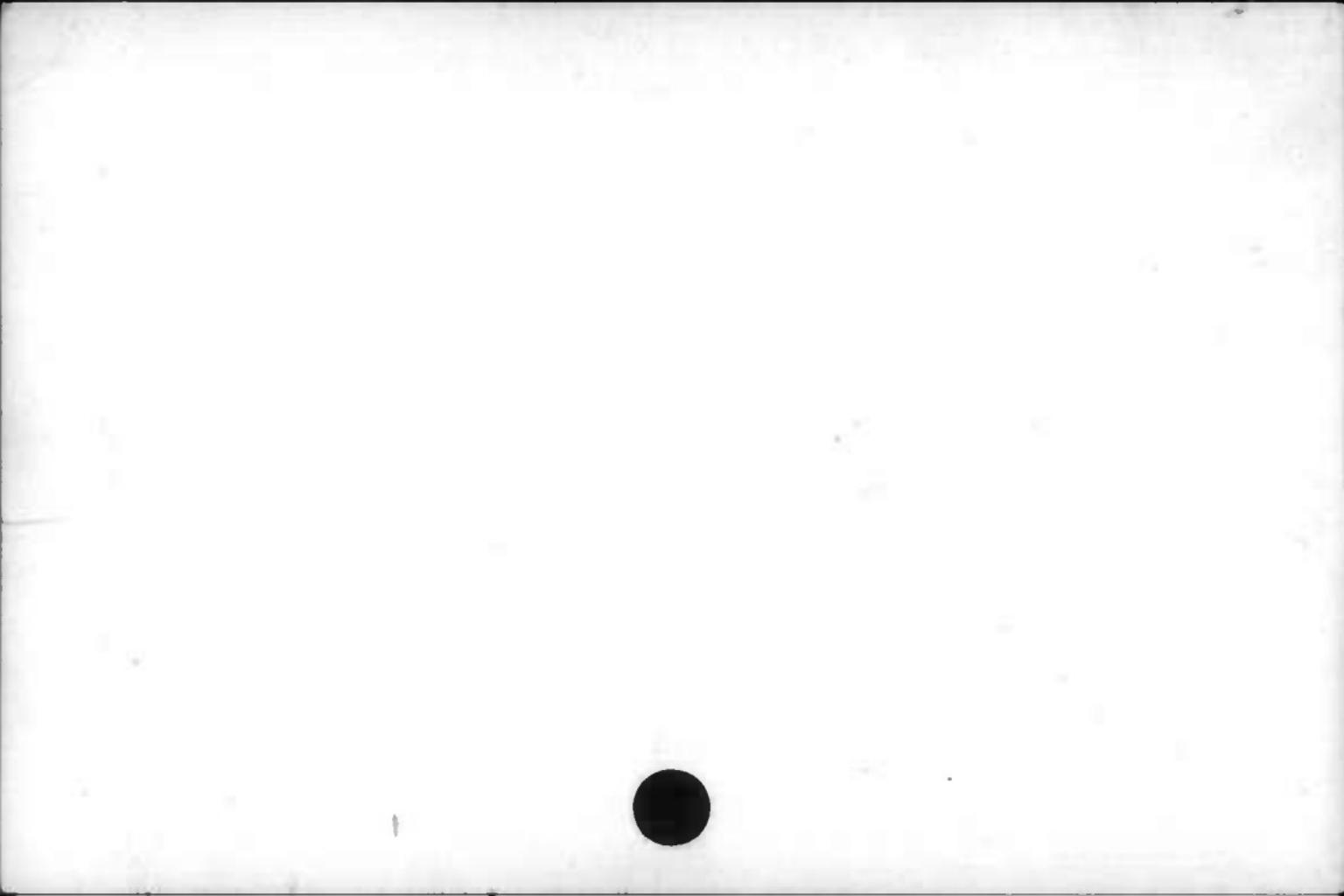
J. D. Redout

Annapolis Md.

R. S. S. No. 1.

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Irian Spencer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County				
Died at Marley.	Anne Arundel			MARYLAND	
Date of death 1909	Month Nov.	Day 19	Years 13 -	Months 2	Days 30
Sex Male.	Color or Race Colored	Birth-place Anne Arundel Co.			
Occupation School boy -	Where Residing if not at place of death -				
Married, Single or Widowed Single.	Name of Wife or Husband -				
Father's Name William Spencer -	Father's Birthplace Anne Arundel Co				
Mother's Maiden Name Charlotte Turner	Mother's Birthplace Anne Arundel Co				
Name of person giving Information William Spencer -	How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis

Immediate Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

James S. Billingslea M.D.
Elmatory
Md

Accident or Suicide No

27

How long

About 1 year.

How long

Immediate

✓

✓

✓

✓

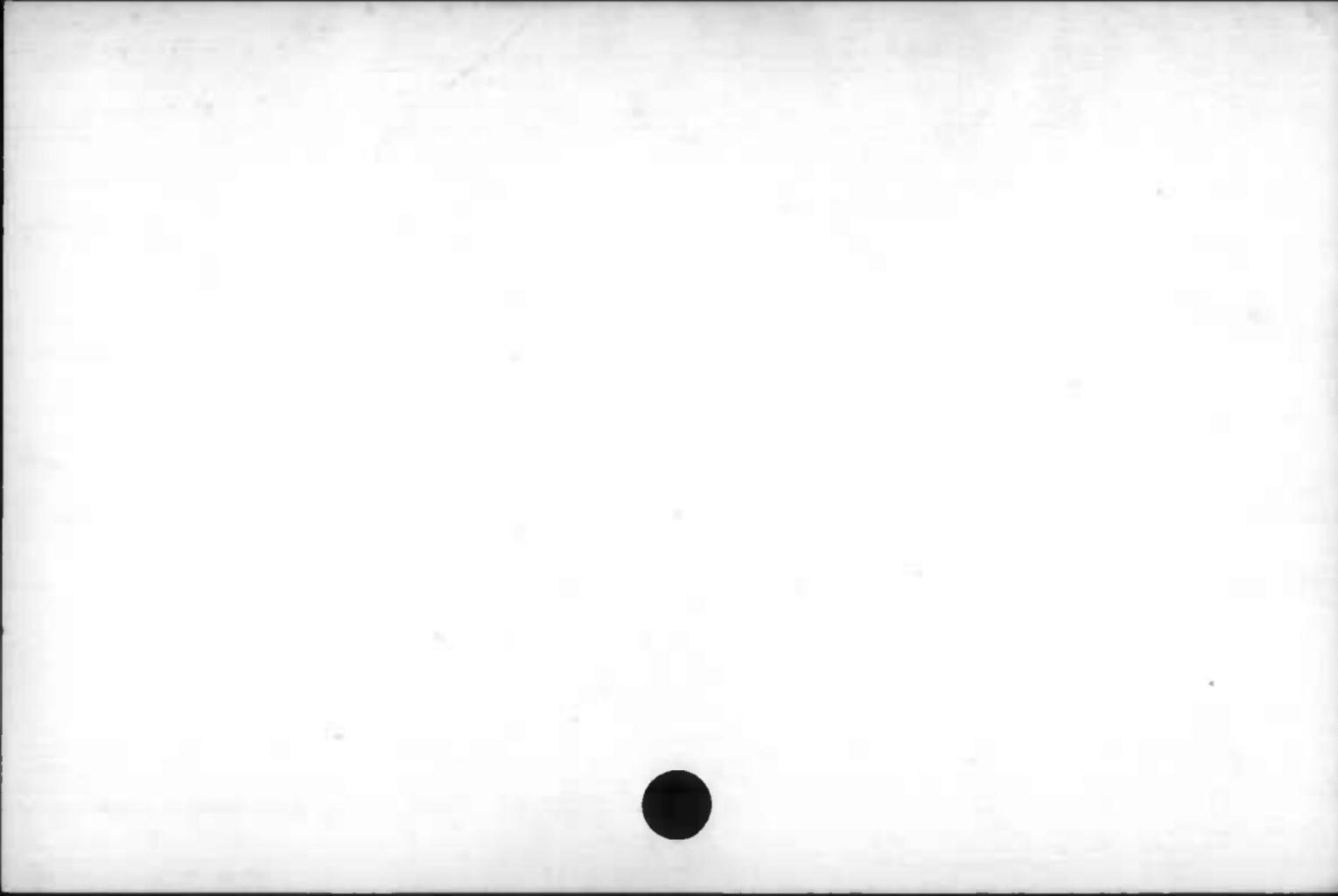
✓

✓

✓

✓

✓



Name
in
Full

Charlotte Turner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND
Galesville	Anne Arundel		
Date of death 1909	Month	Day	Years
	September	16 th	Age 102
Sex Female	Color or Race	Birth-place	
Occupation	Colored	at Galesville	
Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	
widowed	Edward Turner	not known	
Father's Name	not known	Mother's Birthplace	
Mother's Maiden Name	not known	not known	
Name of person giving Information	Thomas Driggs	How related to deceased	
		grandson	

CAUSES OF DEATH

109

How long

✓

Primary

Immediate

Infection of colon

Are the name, age, sex, color, date and place correctly given above?

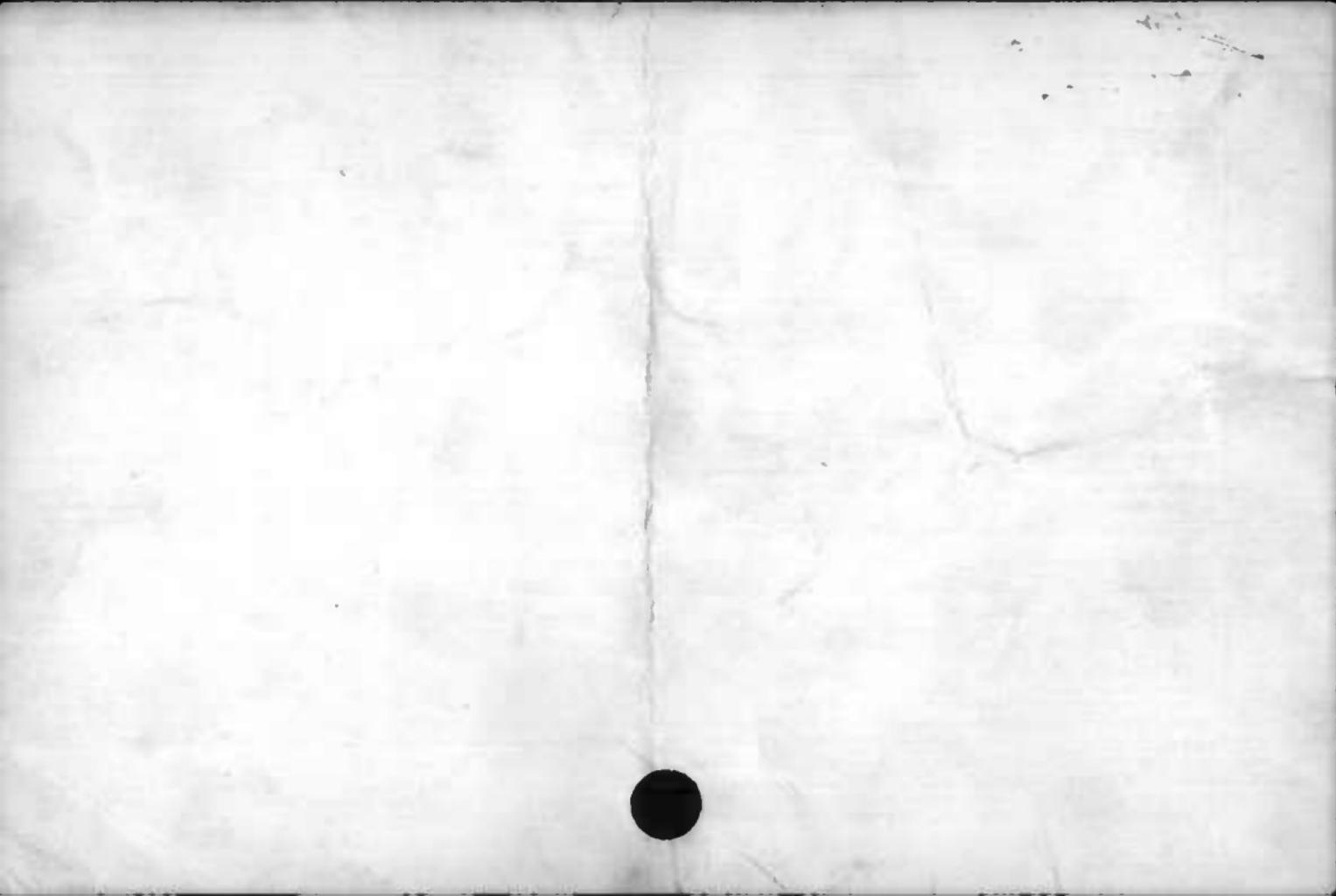
yes

Signature of Physician

Address

Mr. Elzey MD.
Cumberland Ind.

Accident or Suicide



Name
in
Full

Dead born Klach

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	South Baltimore		Town	County	MARYLAND	
Date of death	Month	Day	Age	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	So. Baltv. Md	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Sylvester Vlach		Father's Birthplace	Bohemia		
Mother's Maiden Name	Mary Zobec		Mother's Birthplace	Bohemia		
Name of person giving information	Maty Vlach		How related to deceased	mother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Dead born

(S)

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Jno. B. Horton M.D.
So. Baltv. Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Bernard Wade.

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis

Town

Date of death 1909 Nov.

Month

Day

A - A -

County

Years

Age

Months

Days

Sex Male

Color or Race

Colord

Birth-place

Annapolis

Occupation

unknown

Where Residing if not
at place of death

87 Clay St -

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Mitchell Wade

Father's Birthplace

Baltimore Md.

Mother's Maiden Name

Clara Randall

Mother's Birthplace

Annapolis -

Name of person giving
Information

Clara R. Wade

How related
to deceased

Mother

Ridout

CAUSES OF DEATH

Primary

Congenital Debility

How long

Months

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

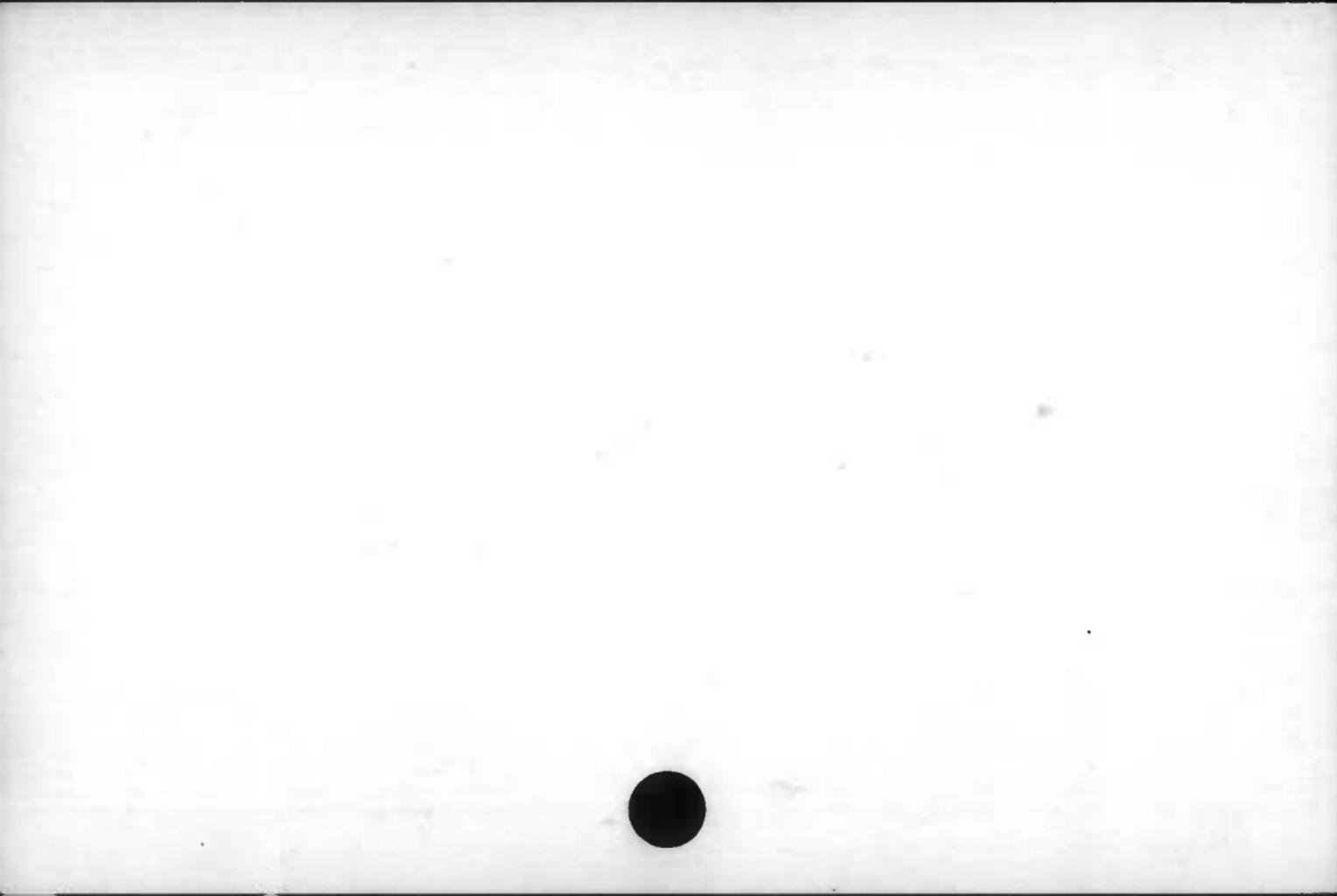
Yes

Signature of
Physician

Address

John Ridout MD
Annapolis
Md

Accident or Suicide



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

John S. Wallace

CERTIFICATE OF DEATH

MARYLAND

Died at Annapolis of Abo.

Town County

Date Month Day Years Months Days

of death 1909 Nov 28 67 Months Days

Age Birth-place

Sex Male Color or Race Col Birth-place

Occupation Laborer Where Residing if not at place of death

Married, Single or Widowed Yes Name of Wife or Husband Ella Wallace

Father's Name Andrew Wallace Father's Birthplace Annapolis Md

Mother's Maiden Name Lester Wallace Mother's Birthplace Annapolis Md

Name of person giving information Lester Kinney How related to deceased Daughter

CAUSES OF DEATH

64

Primary

Aphoplexy

How long

48 hrs

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

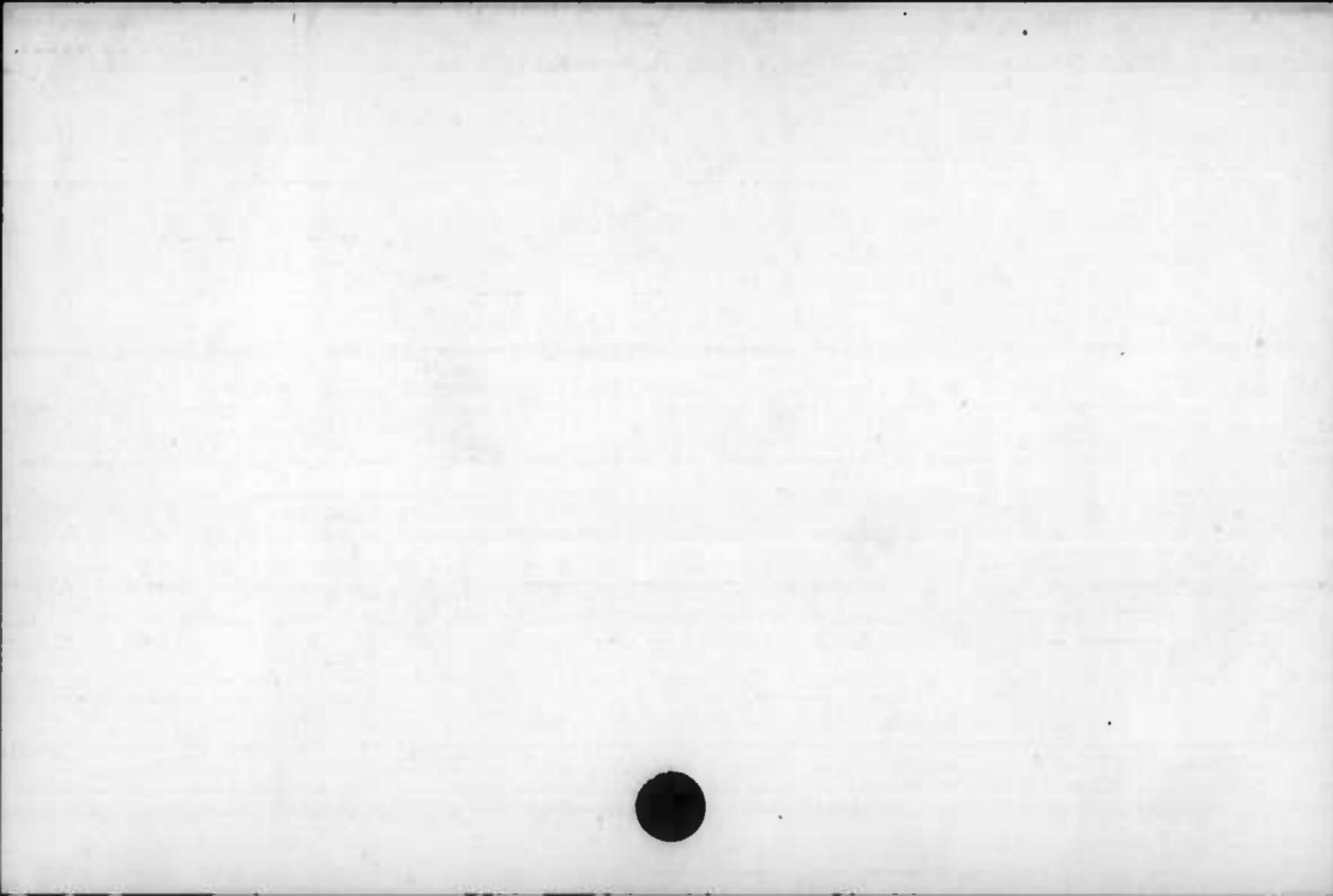
Signature of Physician

Address

Yes

John Ridout
Annapolis
Md.

Accident or Suicide?



Name
in
Full

Samuel Edwin Owings Wheeler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Mayo Town Anne Arundel County MARYLAND
Date of death 1909 Month November Day 9 Years 63 Months 4 Days 8
Sex Male Color or Race white Birth-place Baltimore
Occupation Oysterman Where Residing if not at place of death
Married, Single or Widowed Widowed Name of Wife or Husband Arianna Sisius Dawson
Father's Name John Henry Wheeler Father's Birthplace unknown
Mother's Maiden Name Mary Hannah Patterson Mother's Birthplace unknown
Name of person giving Information Charles Edwin Wheeler How related to deceased Son.

CAUSES OF DEATH

Primary

Bright's disease

Immediate

dropsy

Are the name, age, sex, color, date and place correctly given above?

yes

PHYSICIAN
OR CORONER

Accident or Suicide

Signature of
Physician

Address

John Collinson
South River

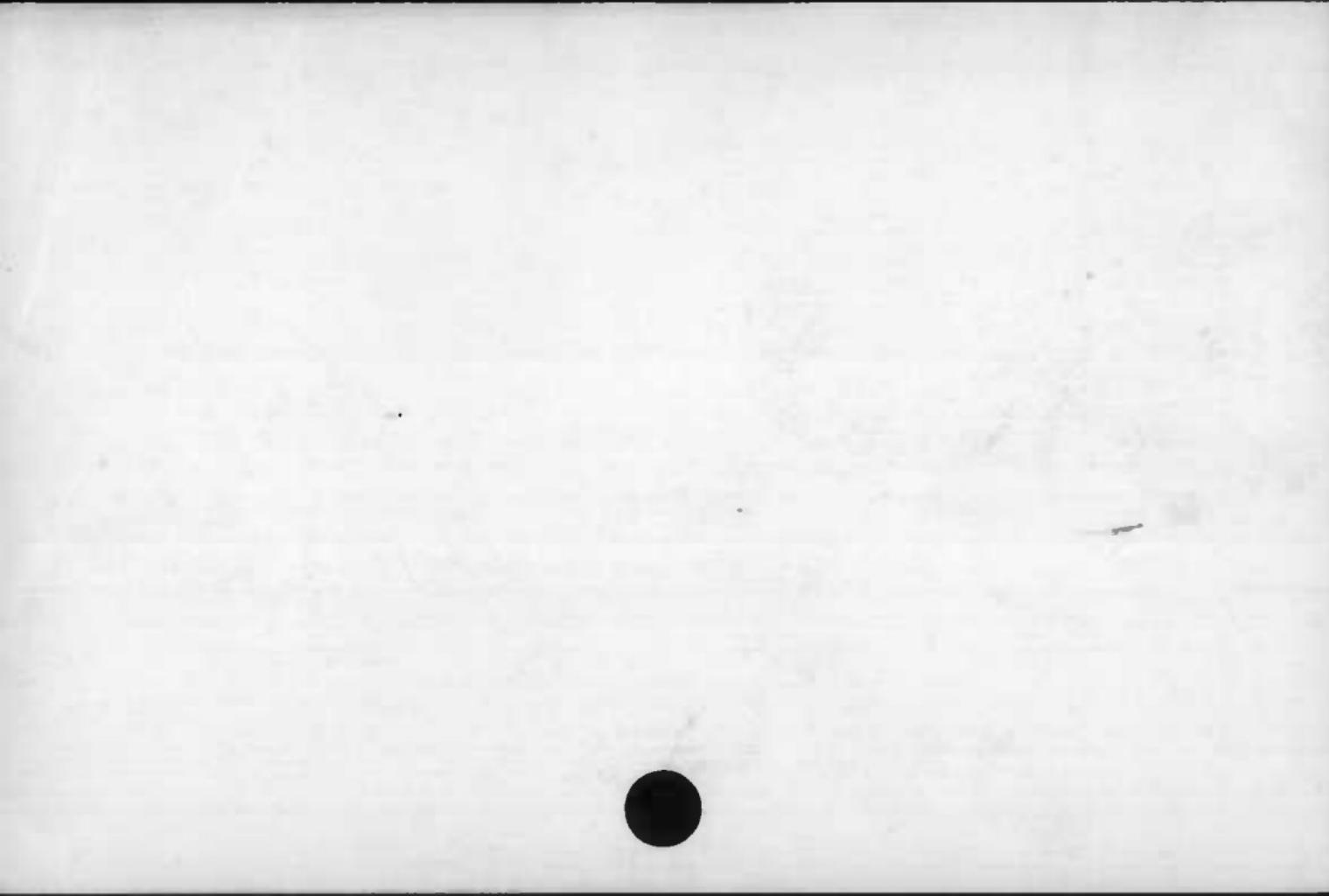
Md.

120

Hemodialysis

How long

1 yr 6 months



Name
in
Full

White

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Annapolis	Town	County	MARYLAND
Date of death	1909 Nov 22	Month	Years	Months
Sex	Male	Age	—	Days
Occupation	None	Color or Race	White	—
Married, Single or Widowed	Single	Where Residing if not at place of death		
Father's Name	Willie G White	None	England	
Mother's Maiden Name	Maryette Clark	Willie G White	Annapolis	
Name of person giving Information	Willie G White	Father		

CAUSES OF DEATH

151

How long

How long

PHYSICIAN
OR CORONER

Primary

Premature birth

Immediate

Asthenia

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J.W. Welch
Annapolis
Md

Accident or Suicide



Name
in
Full

Alberta Wilson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Annapolis County Anne Arundel - MARYLAND
Town Month Day 12th Years — Months 9 Days —
Date of death 1909 Nov. Age — Birthplace Annapolis
Sex Female Color or Race Col -
Occupation Child -

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Wm Wilson

Father's
Birthplace

Mother's
Maiden Name

Mary Hawkins

Mother's
Birthplace

Name of person giving
Information

Wm Wilson Father

How related
to deceased

Primary

CAUSES OF DEATH

congenital Debility since Birth
Exhaustion gradual

Immediate

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Address

179

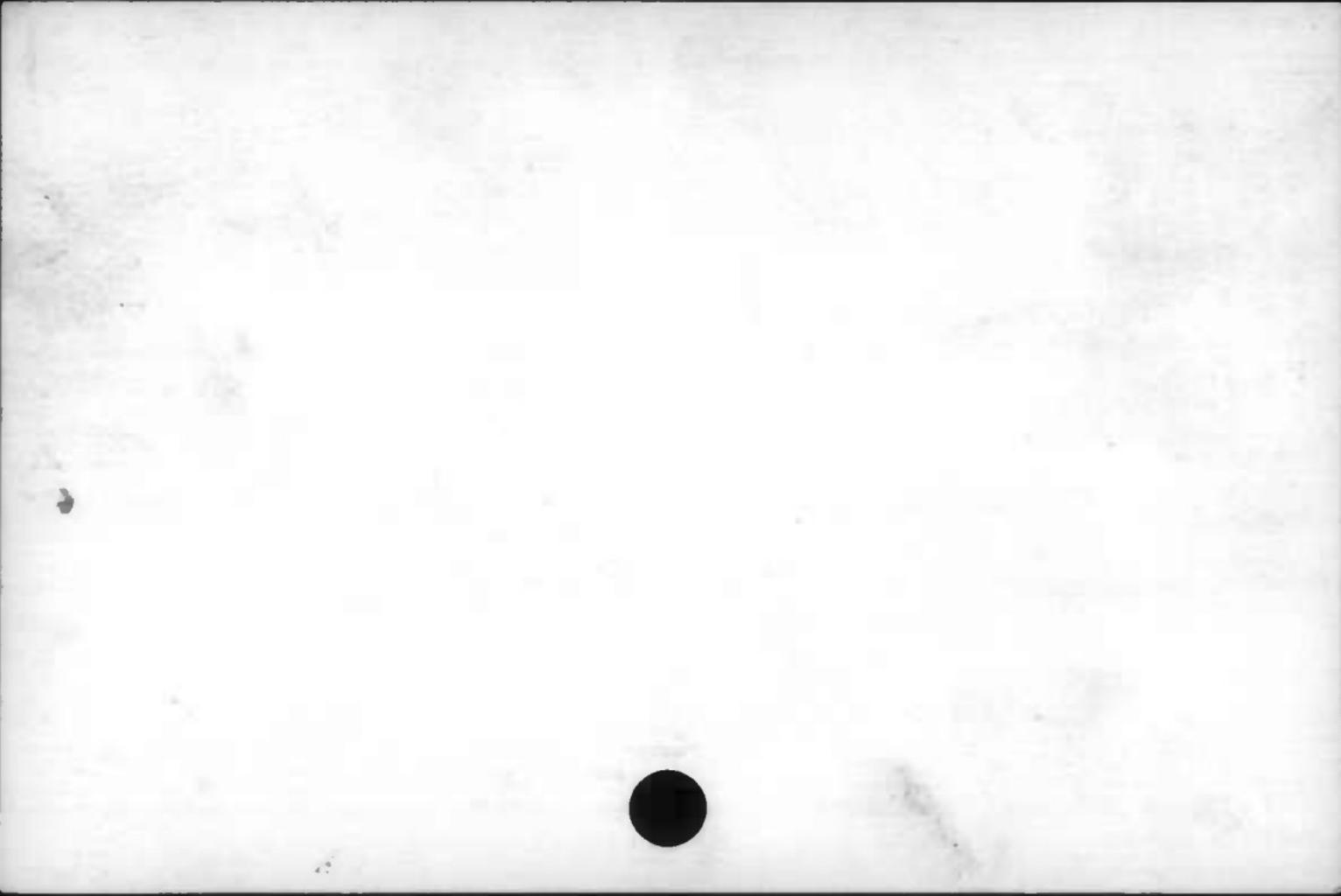
How long

How long

Accident or Suicide

PHYSICIAN
OR CORONER

John Ridout
Annapolis
Md.



Name
in
Full

Mary Dorothy Fritt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at	Town	County			
Died at	Shady Side	Baltimore			
Date of death	Month	Day	Years	Months	Days
1909	Dec	18	79	-	-
Sex	Age	Color or Race	Birth-place		
Female	79	White	Germany		
Occupation	Where Residing if not at place of death				
Housewife	Meadow Park				
Married, Single or Widowed	Name of Wife or Husband	Carl Fritt			
Married, Single or Widowed	Carl Fritt	Germany			
Father's Name	David Fritt				
Mother's Maiden Name	Unknown				
Mother's Maiden Name	Germany				
Name of person giving information	Fritz Fritt				
Name of person giving information	Son				
How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Indigestion

104

How long

2 days

Immediate Acute Indigestion

2 days

Are the name, age, sex, color, date and place correctly given above?

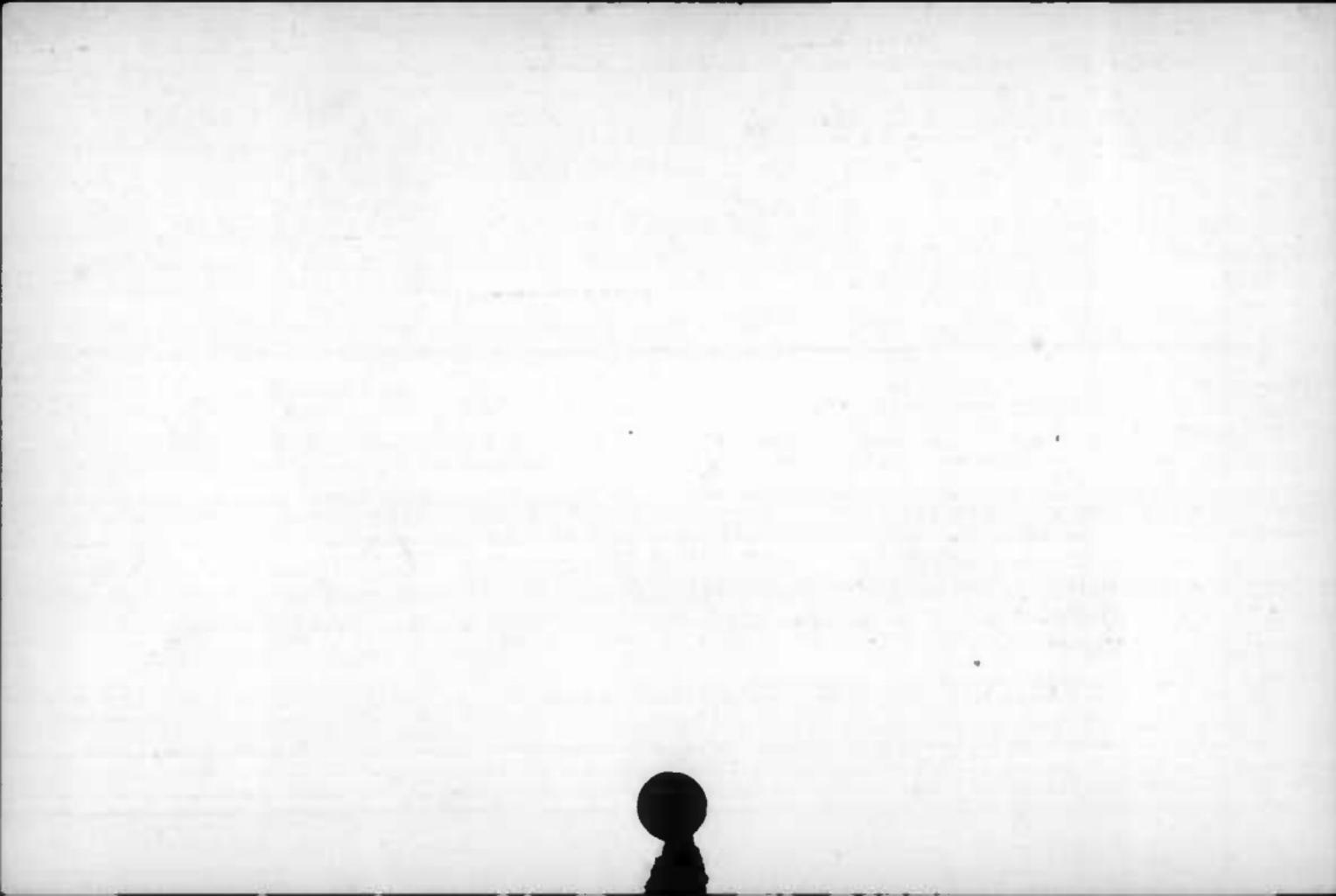
Yes

Signature of Physician

Address

Ges & Leuk
Chuchion

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Unknown

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Unknown	Unknown	Unknown
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Name	Father's Birthplace		
Mother's Maiden Name	"	Mother's Birthplace	Unknown		
Name of person giving information		How related to deceased	56		

PHYSICIAN
OR CORONER

Primary

alcoholism

How long

Don't know

Immediate

Exposure

How long

" "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John E. Potee Coroner
Brooklyn
A.A.C. Md.

Accident or Suicide?

